Post-Mortem Book

Montreal General Hospital.

Records from May 1st 1877 to 14 Mar. 1879

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Case CI Phthisis 24 hrs P.M.

æt.

Body that of a much emaciated delicately built girl. Hair lanky. Skin moist & dry. Fingers slightly clubbed & nail a little incurved. Bed sores on sacrum. Left foot and ankle swollen and ædematous; right slightly so. Chest narrow. Ecchymoses - small & punctiform - in the region of the ensiform cartilage and scattered over the skin of abdomen

Thorax & Abdomen. Omentum & mesentery contain hardly a trace of fat. Intestine not much altered & dark natural. Liver projects 2" below costal border. Stomach slightly hourglass. Lesser curvature much extended & descends in a straight line with the œsophagus pro immediata. In Thorax, both pleura cavities are obliterated & the lungs are adherent to the tissue of the anterior mediastinum. Pericardium contains a slight excess of fluid. On the surface adherent to the left lung are a dozen or more small fibroid outgrowths two or three of them pedunculated. Heart of normal size. Valves orifices and cavities of right side appear natural. A good deal of blood recapsed in normal, and there are a few partially decolorized clots. Left chamber & valves normal. Muscle substance pale.

Lungs, removed with great difficulty owing to the dense adhesions. Left. Upper lobe to the touch is uniformly solid & nodular. On section it is perfectly riddled with small cavities containing creamy pus, at the apex there is one cavity about larger, the size of a small apple, which is in communication with a bronchus. The lower lobe posteriorly & above also is pervaded by many small cavities. The rest of the lobe is dark red in colour & scattered here & there are solid white masses, the

centres of which in many places are softening.
Right lung is almost entirely solid, & airless, only along the
anterior and lower free margins do the vesicles contain air
A section from the apex through shows the entire organ tubercular
with cavities of various size. Those at the apex are large, the others
are about the size of a walnut. All have reddened & injected walls
& contained thick pus. At the antero-lateral region they are
less numerous & here the lung tissue between the cavities is
airless, of a reddish colour, and the vesicles appear filled with an
opaque white exudation. The trachea and bronchial tubes
contain pretty serous, the mucous membrane is darkened in
colour & in many of the tubes of the right lung, ulcerated
The Bronchial glands are much swollen, some noticed to be
caseous. They do not appear to be any miliary tubercle in the
Spleen, of average size, brownish red in colour, pulp of moderate
consistence
Kidneys, cortex & medulla uniformly injected, & otherwise abnormal
to be seen
Stomach is slightly hourglass shaped, and contains Ol. of grumous
yellow chyme. Nothing abnormal noticed in the mucous membrane
of Intestines except at the ileum where a few small tubercular
ulcers were found. Large bowel appears normal
Liver. Of average size, on section central veins congested, surface
mottled, nutmeg, the periphery of the lobules pale. Organ slightly
fatty.
The pharyngeal mucous membrane, especially at the lower & lateral
regions contains numerous small miliary tubercles. No ulcers.
Larynx is not ulcerated nor does it contain tubercles.

Pneumonia Emphysema

Case C11 ~~Phthisis~~ 15/5/77 3 o'clock P.M.

J. Love. ætat. 3'

Body that of a medium sized fairly well nourished man. No emaciation in body or face., which latter is of a dusky brown colour. a few white cicatrices on skin of trunk. There is a hydrocele of left ~~Obliquus~~ Externus

Thorax & abdomen. On opening abdominal cavity Omentum is seen to be moderately fatty. Liver extends nearly two inches below costal margin in mammary line. Only a few drams of fluid in peritoneal cavity. Viscera otherwise normal.

Thorax. On opening it left lung seen to extend beyond median line completely covering the heart. Anterior edge being excessively Emphysematous. A few ounces of fluid in Left pleural sac and numerous adhesions laterally and at the base. ~~Left~~ Right pleura also contains a small amount of fluid.

In Pericardium there is about 3ss of a slightly turbid fluid. Vena orifice of Superior Vena cava are a few small fibroid thickenings in parietal pericardium. There is a moderate amount of Sub-pericardial fat.

Heart. Right Auricle contains a very large coagulum upper part of which is colorless. Prolongations from this extend into Superior and Inferior Cava. only a small amount of blood in Right Ventricle. Left Auricle contains a couple ounces of dark fibrinous blood. Left Ventricle also contains a small amount of blood. Tricuspid orifice slightly enlarged. Free

margin of one valve a little thickened. Mitral valves a little thickened and on auricular surface present several small vegetations. Aortic valves healthy. Nothing abnormal noticed in Aorta.

Lungs. Left: Upper lobe and anterior border of whole lung is intensely emphysematous. This upper lobe is of full volume. Its lower part firm to the touch and airless. On section this part is seen to be in a condition of Red Hepatization. Apex of lung itself is in a condition of acute Oedema and the anterior emphysematous part of the lung.

Lower lobe of lung is also emphysematous. The tissue very friable easily torn and the bronchii appear to be somewhat dilated.

Right Lung also very emphysematous, and crepitant throughout. This lung contains a moderate amount of blood. The vessels and bronchi are very prominent The main bronchi look large. The mucus membrane injected and covered over with a tenacious mucus. The bronchial glands are enlarged

Splen. Soft. pulpy and diffluent. brownish red color. a slight deposit of pigment beneath the capsule at the lower end. weight 270 Grammes

Kidneys. Left smaller than right. Capsule easily detached. Surfaces smooth and slightly mottled. Cortex and medulla have a natural appearance

Weight of Left 150 grms. & Right 180 grms.

Stomach. Slight congestion in dependant part Mucous membrane soft thin and easily torn.

Intestines: Nothing abnormal in either small & large intestines. Peyers patches well marked.

Liver: Upper surface slightly fissured. Organ is of good consistence. Contains much blood - Central veins of lobules very distinct. Capsule over the anterior border very thick

Brain. Arteries at base full of blood and small clots are found. Pacchionian granulations very abundant - Clot in the Longitudinal sinus Veins of Pia mater full of blood. On section Gray matter contains considerable amount of blood. Nothing abnormal noticed in ganglia of the base of brain or in cerebellum

Aorta Slightly atheromatous in abdominal portion.

There was Hydrocele of left testicle

C111 Pericarditis Pneumonia no P. M. 11

Page Mary aet. 17. Female.

General appearance. Body that of a small delicately built girl; skin of trunk mottled, ~~of~~ of a slightly greenish yellow tint, & covered over with dark confluent patches, & numerous small ecchymosis; dependent portions of body very dark in color; beneath Pouparts lig. and the anterior spine, in [illegible] there is a line of small extravications. Rigor mortis absent.

Thorax & Abdomen.

On opening the Abdominal cavity the Stomach is much distended, the Liver displaced downwards to the extent of two inches, 2 or 3 oz of Citron colored fluid is in the ~~Abdominal~~ pelvic cavity. Diap. corresponds to the 5th Inter. space. On opening the Thorax the Pericard. is seen to have ~~completely~~ displaced the left Lung. which is not evident beneath the costal cartilages about 10 oz of fluid in each Pleural sac. A few adhesions ~~of~~ in both Lungs Post. A few flakes of lymph in the right sac. none on the pleura

Pericardium. (Heart, with portion of pericardium attached, wgt. 630 grms.)

On opening this sac the parietal layer is found to be much thickened, & ~~over the greater part of the left Vent.~~ about the base and along the ant. vent. groove the two layers have fused. ~~It is adherent.~~ There is only a trace of fluid in the sac, on fully exposing the Per. sac it is found that both layers are covered over with thick dense, irregular fibrinous exudations some of these on the parietal layer are nearly 1/3 in. in thickness & are infiltrated with blood. on the Visceral layer they are not so dark but over the right Ven. they are equally thick.

Both surfaces of Pericard are ~~stiffened~~ roughened & shaggy to an extraordinary
visceral layer in places was quite 4 times in thickness, cut section pale, surface (degree
finely shaggy aspect

Rgt. Vent:- Cavity considerably enlarged & contains a small quantity of grumous blood, the muscular wall is thin, has a peculiarly faded hue. Pul. Sem. valves quite healthy, the Tricus. orifice is contracted the margins of the valves united together, the orifice perfectly circular admitting the thumb only as far as the first joint; the Auv. surfaces of the Valve especially along the free border is ~~covered~~ beset with a circle of small fine beaded vegetations

Rgt. Auricle:- Rgt. auv is large, the walls thick, the mus. Pec. very strongly developed, & lining over same as well as the Endocardic is thickened & towards the Tri. orifice presents several vegetations. Eustachian valve projects as a wide fold 1/4" in width.

Lft. Auricle:- Lft. Auv. enormously dilated & funnelled shaped, the endocard. thick & opaque. the cavity is somewhat ~~funnelled~~ cone shaped at the bottom of the ~~funnel~~ cone is seen the ~~somewhat~~ contracted orifice

Lft. Vent:- Cavity slightly dilated, muscular walls hypertrophied. Col. Car. large, the Mit. leg. are thickened opaque & contracted, their free margin on the auv. surface surrounded by small vegetations, the orifice admits the first finger to the second joint: the chord. tend. are shortened. Aortic Valves small, shrunkened, insufficient; the surfaces towards the heart covered with small vegetations, the Aorta is not diseased.

Lungs:-

Rgt. Lung:- upper lobe crepitant; the middle lobe in its central portion is dark in color, firm, airless, & portions excised sink at once. It is in a condition of commencing hepatization, the dependant part of lower lobe is in the same condition

Lft Lung:- upper lobe crepitant, contains much serum, lower lobe collapsed,

Left Kidney: vgt 140 grms small, capsule detaches readily on section pale nothing abnormal noticed about them. both perhaps a little firmer than natural in so young a subject.

Spleen:- Small, firm, capsule opaque, with a few fibroid patches, on section color brownish red, Malp. Corp. very distinct, no infarcts

Stomach:- large, distended with gas mucous coat thin, tears easily

Intestines Peyers glands distinct the solitary feeling like small shot 2 mm beneath the mucous M. nothing abnormal in large intestines

Liver:- Excessively fatty. Hepatic vessels much congested, tissue of a greenish yellow color, Nutmeg Organ.

Brain:- nothing abnormal about the membranes, arteries or substance.

Uterus:- Normal in size a firm thin adherent coagulum 4 cts at the fundus; ovaries natural.

CIV

Diphtheria

18/5/71 14

10 hrs P.M.

Much fibroid tissue, softening tubercle mapes & slightly dilated bronchi. The bronchial glands are soft pigmented not caseous

Left lung. – Upper lobe especially at lower part stuffed with tubercle. Posterior apex there is a long irregular cavity which extends into the lower lobe. It was opened on removal of the organs. The upper & posterior parts of the lower lobe are also full of tubercle. The other regions are not affected

18/5/77 14

CV Phthisis

~~Dead~~ P.M. 80 4 & 1 hrs

General Appearance.

Body that of a middle aged fairly well built woman. Skin of trunk of a greenish color; post mortem imbibition about cutaneous veins. Rigor mortis absent. No emaciation Fingers not clubbed. Nails not incurvated

Thorax & Abdomen.

Nothing abnormal noticed in position of viscera Intestines & other organs of a greenish color & smell. On the thorax the lungs are universally adherent. There is a small amount of fluid in the Pericardial Sac. Partially decolorised clot & some fluid blood in the right auricle. Ditto in Right ventricle

Right Ventricle - Walls relaxed & very flabby. Cavity appears large. Endocardium stained. Valves healthy.

Left Ventricle. Walls & Endocardium in same condition. Mitral valves healthy. Aortic do. One segment fen^{d}. Beginning of Aorta scattered over c spots of atheroma. Heart weighs 280 grms.

Lungs - Right - Universally & very firmly adherent Pathefel only here & there cupitant, & very nodular On section there is a cavity the size of an orange at the apex which extends prolongations posteriorly to the lower margin of the lobe. The walls are in places traversed by vessels & bronchi & the pleura above & behind is much thickened & fibroid. Anterior parts of upper & middle lobes are studded throughout c tubercles in all stages of growth & degeneration. The lower lobe is firm & contains &

Spleen. Exceedingly soft, crepitates, on section dark in color. Tissue decomp^d. Weight 170 grms.
Kidneys Exceedingly soft & in a condition of partial decomposition. Tissue crepitating On section there is but slight distinction between cortex & medulla & the latter part is much stained by P. Mortem infiltration
Intestines No ulceration in small or large intestines

Brain Substance exceedingly soft; air in the veins of the Pia-mater Nothing abnormal noticed about the vessels or ganglia of the base; no tubercles in the substance. ~~No ulceration in small or large intestines~~

CVI.

Body that of a moderately nourished old woman, signs of P.M. decomposition present: much staining along superficial veins, in the abdomen no position of Abd Viscera appears normal, the cellular tissue about the Mesent.y beneath the capsule of Liver & Spleen is distended with gas.
In the Thorax, left Lung is not at all adherent the Pleura cavity of that side contains about 10 ℥ of dirty Sang. fluid. Rgt Lung is adherent in front & a small quantity of fluid on this side of Pleura. No fluid in the Pericard.m nothing abnormal about valves or chambers right side of heart: slight Athers.a of Aortic segment & about the commencement of Aorta; all the Cavities contain air more in right side more than the left.
The Lungs are very dark in color congestant throughout except at base of left Lung which is collapsed; the apices are puckered & there is one small cheesy mass on the right; on section a good deal of bloody Serum exudes
Spleen small shrunkened pulp diffluent a small superficial cyst the size of a walnut is present.
Kidneys excessively soft flabby & congestant brown decomposition; the left is of full size, the tubules of the Pyramids contain deposits of Urates; the right is small & presents at its upper end a firm irregular projection; on section it is found to consist of two cysts about the size of a marble, one is filled with a putty like material the other the contents are more diffluent the remaining portion of the organ is healthy.
Liver is very flabby decomposed tissue crepitates.
Nothing abnormal noticed about the Stomach or Duodenum.
Intestines appear thin here & there traces of Peyers patches may be seen

The External Os of Uterus is much diminished by several fibrous bands stretching across the canal.

Julia Nicholson Died May 24/77 20

Pneumonia. Can. Pul

CVII. Body that of an elderly woman. Skin dark especially over the thorax and neck. Thorax somewhat distorted by a lateral curvature of the spine

Abdomen. No fluid in abdominal cavity. Liver projects below 3 & 4 ribs below costal border. Gall bladder larger & prominent; Omentum moderately fatty; is attached below in the pelvis

Thorax. No fluid & adhesions on right side; Left side lung is universally adherent except at part of the apex. A couple drams of fluid in the pericardium; Subpericard. fat in considerable amount. Right auricle contains a large partially decolorized clot. Right ventricle also contains clot & some fluid blood. Lft auricle contains a large amt of dark semi coagulated blood. Left ventricle contains a small amt of fluid blood. (R.V.) Tricuspid orifice somewhat dilated & admits 3 fingers freely.

Right auricle of average size

Left ventricle walls slightly thicker than normal. Mitral orifice normal in size; valves slightly thickened & there is a calcareous plate in the posterior segment. Specks of true Path fibroid. Aortic Semilunar Valves thickened & opaque especially in the region of the Corpora Arantii. On the ventricular surfaces there are numerous vegetations.

Arch of Aorta extensively atheromatous. Near the

orifice of the circumvalate there are calc. plates.

Lungs

Right Lung

Posterior part of upper lobe is firm and in a condition of Commencing hepatization; in anterior part of upper lobe there are 2 firm nodules surrounded by healthy looking lung tissue, (which are most probably of a cancerous nature; another small nodule exists in lower part of middle lobe.)? The lungs are deeply pigmented, clots in both arteries and veins, in some of the former they are very firm

Left Lung

Contains much more blood and serous fluid than the other. The anterior part of lower lobe is in a condition resembling the early stage of Pneumonia there are no nodules in the lung.

Kidneys

Right Kidney

Small, tissues firm, contains numbers of cysts, one of which contains uric acid crystals. Cortex slightly discolored and pale. Pyramids darker in color

Left Kidney

Contains somewhat more blood, general condition same as right. Capsule slightly adherent and surface irregular. Weight of each 110 grs

Spleen

Small capsule thickened, at one end quite cartilaginous, on section pulp of a dirty brown

color, consistence moderately good. Surface of organs contains one or two small but fairly darker colored patches, probably infarctions.
Weight 130 grammes.

Stomach

Contains a quantity of dark brown fluid walls thin, mucous membrane is very easily torn Nothing abnormal about the duodenum D.C. Ch.S. patent

Intestines

Nothing abnormal in the small intestines. Peyers patches absent. Nothing abnormal in the large intestines

Liver.

Gall Bladder much distended contains a few bile & one large, very dark gall stone, the size of a Hickory nut. Liver elongated in Ant. Post. direction, borders, Diaphragm attached by irregular fibroid bands substance of organ soft contains much blood & the bile vessels are very evident.

Thor. & Abd. Aorta exceedingly atheromatous the walls in many places filled made up of calcareous plates. The lower part of the Aorta is occupied by a clot, & in part antimortem as is firmly adherent in places to the wall

Brain.

Dura Mater adherent & is removed small clot in the Long. sinus; vessels of D. Mater moderately full, substance of the Brain firm. Nothing abnormal in the ventricles or the ganglia

CVIII Phthisis 18 hrs p.m.

Anne Jackson.

Body that of a delicately built girl. Great emaciation
Rigor Mortis present Skin dry & harsh. On the Abd covered with branny scales. On the Thorax the cic of an old Croton oil rash

Thorax & Abdomen

In the Abdomen the Transverse Colon crosses below the umbilicus. No fluid in the cavity. The uterus is adherent by its post surface also retroverted. Thorax. The right lung is partially adherent & the left very generally. No fluid in either pleural cavity. In the Pericardium is a few drs of turbid serum.

Heart. Rt auricle & the large veins full of tolerably firm clots. Rt ventricle contains a firm decolorized clot. Left auricle contains a dark grumous clot which is continued into the pulmonary veins. Left ventricle contains a firm decolorized clot adherent to the Chordae tendinae. Tricuspid orifice normal in size. Left ventricle walls slightly thicker than normal. Mitral orifice of normal size, the free margins of the auricular surface covered with small vegetations.

Aortic Semilunar valve healthy.

Lungs. Rt lung slightly crepitant at the apex & along the free borders, less so in the lower lobes. Bronchi ectatic cavity, at the apex post are two small cavities in direct communication with

the Bronchus which are full of pus & caseous matter. Another similar cavity to this is found immediately below it. Two large cavities occupy the middle lobe. The intervening portion between the cavities are stuffed with small miliary tubercles & contain numerous softening areas. The lower lobe is heavy contains much blood & serum & innumerable tubercles scattered through it. The Bronchial glands on this side are enlarged swollen & not caseous.
Left lung. The whole of the upper lobe with the exception of the anterior free margin is occupied by a large cavity which is in direct communication with the main Bronchus.

The lower lobe contains numerous tubercles and two or three cavities.

Spleen. It is of moderate consistence. Malpighian corpuscles indistinct. A few extravasations of blood are seen in the substance. weight 130 grammes.

Kidneys. Left kidney. Capsule detaches with moderate ease. Surface smooth. Cortex pale. Vascular tufts well marked. weighs 130 grammes.
Right kidney. both Cortex & Pyramid somewhat more injected. The pelvis is larger. weighs 120 grammes

Stomach. Contains a small quantity of mucous mixed with food. The larger veins much distended. At the pylorie end the mucous coat is thicker pale & covered over with a tenacious mucous.

Intestines. There is nothing abnormal in Jejunum and Ileum. In the Caecum & Colon the Solitary glands are enlarged some of them softening. Scattered throughout the Caecum & Colon are numerous follicular ulcers most of which are small and punched out, a few superficial and larger.

Uterus. is adherent by fibrous bands, post to the rectum and on the right side to the pelvic wall. It appears of normal size. The mucous membrane looks natural. The Vagina appears inflamed the os is very dark in color & coated over with a greyish white membrane. The fallopian tube on the Rt side is adherent to the ovary & its upper end much dilated. One or two small sand like concretions found at the upper end. On the left side the fallopian tube is also dilated at its outer end. The inner end is much contracted if not obliterated

Brain wes. & Pia mater moderately full Long clots in some of the larger veins Small quantity of Sub. arach. fluid Consistence of the organ good

Brain & Pia mater

CIX

Erysipelas Pneumonia

29/3/77

24 hrs P.M.

ar.

General appearance Body that of an elderly, corpulent man. Hair scanty, grey. Skin over right ankle much pigmented. Left leg much swollen, edematous & covered over with flair. put on for the erysipelas. When cut into brawny & sodden. Skin of dependent parts dark red in colour. Rigor mortis persits

Thorax & abdomen. a very thick layer of pan. adipose tissue over abd. Muscles pale. Omentum very fatty, also mesentery. Colon distended & gas. Pos. abd. viscera normal. Cart. of ribs very much ossified When thorax is opened the left lung protrudes, no fluid in either pleural cavity. Pericardium contains small amount blood tinged fluid. Sub. pericardial fat abundant. Two patches of atheroma on right ventricle, one before & other behind. little or no blood in right cavities of heart.

Heart. Right Auricle. walls a little thicker than natural. tricuspid orifice large, walls soft. Walls of left ventricle flabby. Mitral orifice looks large. Aortic semi-lunar valves normal intima of aorta stained, arch above orifices of vessels atheromatous, Coronary arteries also little atheromatous

Left Lung. apex & anterior border very emphysematous & dark in color. Lower lobe is heavy, on section, the surface bathed with much bloody serum, is granular. portions excised sink. is in a condition of low pneumonia

Right lung also very emphysematous at apex & anterior borders - along free borders of lobes the air cells have merged into large blebs which are very much pigmented - lower lobe of this lung very oedematous

Spleen - capsule very firm, cartilaginous in places - tissue diffluent - emphysematous

Left Kidney - very much fat about both organs capsules detach readily - on section organ firm contains a good deal of Blood, especially at bases of pyramids - a few cysts noticed

Stomach contains a small quantity of mucous nothing abnormal about mucous membrane -

Duodenum normal -

Duct. Com. si pervious

Jejunum appears healthy - in ileum Peyers patches are distinct, & there are 2 or 3 small nodular tumours about the size of peas in mucous memb. about 1 dozen of them,

Liver presents a groove running in antero-post. diameter on superior surface substance is porous - very much decomposed & a dark slate color - nothing abnormal in large intestines - lips of Ileo-coecal valve appear swollen - on section this is seen is to be due to an infiltration of fat beneath the mucous membrane -

Brain - vessels of pia mater moderately full, a good deal of serum. Brain substance of good consistence

a small extravasation in septum lucidum
nothing abnormal about ganglia of base

24/6/77

Case CX Diphtheria 1½ hrs P.M.

Aet. at 10 months. Body that of a well nourished male child
Face swollen, eyelids edematous, skin slightly cyanotic Throat enlarged
especially in sub-maxillary regions. On making preliminary incision
the tissues in ant. part of throat are seen infiltrated with yellowish serum
Visit of abd. organs normal. Mesenteric glands slightly swollen. In thorax
lungs collapse slightly. Pericardium contains ½ per drachms of fluid
Left vent. pretty contracted. Right. relaxed & contains fluid blood. Valves
and ostia normal. Lungs dull, grey colour, crepitant, contain most
blood below. One patch of collapse 2 by ½ in the lower part of left upper lobe
Trachea. In it is a dull grey aspect, no pseud. upon it. Larynx. an
uneven, greyish membrane is present in under surf of epiglottis and
along the Thyro-Ary-epiglottidean folds. In the Pharynx the whole post. wall
is covered (a thick (2-5 lines) grey membr, integral & pretty superficially, denser
& more membranous below. It extends also along the pillars & over the tonsil
stops abruptly at the termin. of pharynx.
Spleen is pyr, slightly enlarged. Pulp. reddish. Mod. corp. small but distinct
and with a zone of grey around them. Kidneys. Right looks natural.
Left. paler, also smaller, & does not contain so much blood. Both appear
pyr. Nothing abnormal about the Liver. Stomach & intestines

CXI

Pneumonia

Mary Cummins æt. 40

Body that of a well made middle aged woman. Hair grayish. Rigor mortis present. Skin, espec. of trunk, dark in colour & covered with small scabs. Cicatrices over the right axilla & a few fading purpuric spots.

Thorax & Abdomen

The liver is slightly displaced downwards. Position of other viscera normal. Heart Lungs In the thorax the lungs do not collapse about 10 oz. of a dirty tinged fluid in left pleural cavity. Pericardium has a few drachms of clear fluid. A large patch of attrition over ant. surface of right ventricle. Cavities of right side distended with flood in semi-coagulated state. Left auricle also contains gruomous clots. In left ventricle there is a firm antemortem clot. Cavity of right auricle distended. Muscular sec. hypertrophied. In rht. ventricle the calcium. carni are greatly developed especially on the septum. Tricuspid valves are healthy. The orifice is dilated, admitting a few fingers beyond second joint.

Nothing abnormal noticed about left auricle

Left ventricle — Walls hypertrophied
Muscular substance pale & fatty. Mitral
valves appear healthy. One or two firm
vegetations on auricular surface.
Aortic valves present large vegitations
growing from corp. aur. In one seg-
ment they are very large. The remai
ning portions of the valves are healthy
Two segments fenestrated. The aorta
presents a few patches of atheroma
One small calcareous plate at the
junction of two valves

Lungs. Very emphy. In left at
apex there is a pursed spot corres-
ponding to which in the lung there is
firm caseous mass about the size
of a walnut. Another smaller mass
exists at the lower part of this lobe
A considerable number of small miliary
tubercle are scatered about through
this & the upper part of the lobe

Left. Lung. — An old cavity about size
of a small orange exits at the apex.
On both sides of this cavities there are firm
caseous masses Rest of this lobe is emphysematous

~~No~~ Only a few miliary tubercles are noticed in this lung. The lower lobe is with the exception of extreme border in front & above in a condition of pneumonic solidification, being firm, airless, the pleura opaque, & finely granular. On section a large quantity of seropurulent fluid tinged with blood bathes the surface. The bronchial tubes do not contain fibrinous plugs but are filled with a quantity of frothy fluid The bronchial glands are swollen, not caseous except in one which presents a small semi cretaceous nodule

Spleen - Firm. On section brownish red The malpighian corpuscles slightly marked trabeculi vessels strongly so weight 6 1/2 oz.

Kidneys. Left. Organ firm. Capsule detatches with difficulty & leaves the surface granular. On section the cortex is very little, if at all, diminished. It is coarse marked with alternating strai. Pyramids contain a good deal blood. Small arteries very distinct weight 5 Oz.

Right — 5 3/4 oz. Surface very granular & puckered. General appearance like the other. Both contain a few cysts.

Stomach — Large veins full. Mucous membr. soft, easily torn, in place a good deal pigmented. Pap. bib. in duodenum is open & bile flows on pressing the common duct. Nothing abnormal in the small or large intestine. The ap. ver. is long attached by its apex to the broad ligament near the ovary forming a noose about an inch in diameter

Liver — Markedly nutmeg. Also looks somewhat fatty. Gall bladder full of bile

Uterus — Muc. membr. thin, much congested & places quite hemorrhagic. Ovaries cicatricial otherwise natural

Brain — A few clots in the long sinus. Pach granulations well marked. At the base the vessels are somewhat atheromatous. A very distinct patch existing at the termination of the basilar artery

Projecting to a considerable extent into its calibre. Sylvian arteries also atheromatous though not to a marked extent A small aneurism about the size of a small pea exists at the first bifurcation the left sylvian artery Veins of piamater contain a moderate amount of blood & there is a good deal of serous effusion beneath arachnoid which is also very opaque The substance of the brain is of a good consistance. Punct. vas. well marked. Nothing abnormal in lateral ventricals In the third ventrical there is a small extravasation in the left wall near the ant. comissure Nothing abnormal at the ganglia at the base. One or two small extravasation are seen on the floor of the 4th ventricle

Cerebral Aneurism

Bladder Appears healthy

Case CXIV Pneumonia –

P. Waters æt. 54. admitted June 13. died 20th.

General Appearence

Body that of a moderately well built elderly man Rigor mortis present. Skin dirty brown color most marked on hands and face. Post mortem discoloration in dependant parts.

Thorax and Abdomen

No fluid in abdominal cavity – position of the viscera, normal.

In the thorax both lungs are intimately adherent to chest wall. No fluid in either pleural cavity. A few ounces of fluid in the pericardium. Patch of attrition over 2. ventricle and on anterior surface of the apex & small fibroid thickenings exist on the Ant. surface of the aorta and parietal layer of peric. over right auricle. A few ecchymoses on ~~both~~ pericardial surfaces. Right Auricle ~~full~~ of coag. blood. Right ventricle also contains a gelatinous looking clot with numerous extensions into the Pulmy. artery into its finest subdivisions.

Left Auricle contains a dark firm clot. Left ventricle is empty. Valves and orifices of Heart Healthy Tricuspid Enlarged one segment of aorta fenestrated aorta slightly artheromatous Muscular tubes looks healthy

Right Lung Crepitant only at Inferior apex and ant Border above. The rest of lung is Hepatised the lower portion being in a condition of purulent infiltration the upper pt. more recent

Right Lung weighs 2000. grms

lt – Lung 1060

Left Lung - 1060 grms slightly crepitant and in a condition of acute oedema.

Spleen - Soft, friable. Malpighian Corpuscles slightly marked.

Right Kidney Weight 183 grms. Capsule detaches readily. Cortex a little coarse. Pyramids full of serum. Left Kidney presents similar appearances one Cyst the size of a cherry - weighs 182.

Liver looks healthy large veins swollen nothing abnormal noticed in Stomach & Intestines Mesenteric Glands slightly accentuated.

Retro peritoneal glands along the Aorta are slightly enlarged

CXV Morbus Addisonii.

Cannot be Ranked. Not put in.

Case CXVI Heart Disease

– C. at.

Body that of a moderately well nourished woman

CXVII Leucocythæmia

CXVIII Phthisis

CXIX

CXX Fracture of Skull 3/7/77

– Scott. æt 24. Bank clerk. Fell off steps into N° his head. on Saturday 30th June. Symptoms of compression. Skull trephined on Sunday eve. & clot removed from over right frontal lobe. died on Monday morning.

P.M. 41 hrs after death. Body that of a tall spare young man. On the side of the head corresponding to the right parietal bone just beyond the coronal suture are two circular orifices, the result of the trephining. On removing the calvarium a large clot of blood is exposed lying upon and partly attached to the dura mater covering the right frontal lobe which is in consequence considerably flattened. The clot extends over an area the size of the palm of the hand, it is firm and intimately united to the dura mater. On removing the brain the convolutions beneath the clot were found much compressed. Nothing abnormal about pia mater or parts at the base. The vessels were moderately injected. On section a spot of extravasation and laceration of brain substance about the size of a date was found in the central part of the frontal lobe. The puncta vasculosa in the neighbourhood were large, looking in many places like small capillary extravasations. Nothing abnormal in the ventricles. The others parts of the brain appeared of good consistence and tolerably vascular.

The fracture of the bones

CXXI Caries Vert. et Ileo Amyloid Degen. 4/7/77

Extreme emaciation. Left leg strongly flexed. Abdomen slightly protuberant. An ulcerated surface exists over left crest of ilium and another over lower lumbar vertebra

Thorax and Abdomen. Peritium of viscera in abd. cavity normal Liver is much enlarged and extends 2" below costal border in the mammary line. R. Lung much adherent behind Heart, flabby. right chambers contain blood and soft clots Valves and orifices normal. one segment of pul semi-lunar perforated. Lungs, soft, friable and easily torn. In the right where it was adherent posteriorly a collection of tubercles suspended and scattered through both organs they in considerable number No cavities or caseous nodules. Spleen weight. somewhat enlarged, tolerably firm, on section the Malpighian corpuscles were distinct and showed traces of amyloid degeneration Kidneys, firm, a little enlarged. Capsules detach easily. On section cortex very pale, looks hard and dense but there is no reaction with Iodine. Medullary portion alone contains blood. Nothing special about the stomach or intestines, the latter did not react with Iodine. Liver weighs. very large, firm and on section found to be far advanced in amyloid degeneration The crest and portion of left ilium on carious as are also the sides of the bodies of the 3d & 4th lumbar vertebra

CXXII Aneurism of Innominate.

Wray at 40.

Body that of a well nourished medium sized man of fair muscular development. On opening the thorax the lungs collapse and are adherent, no fluid in pleural sacs. Thymus is not entirely atrophied. Pericardium looks large and on opening it the heart is found surrounded by a clot of blood, which almost filled the two hand lobes. The pericardial surfaces look normal, fat is in small amount, the commencement of the aorta is reddened and pouched but on superficial examination no rupture is seen. The heart & great vessels with the aneurism were removed and on dissection the following was found. Heart flabby, right chambers contain a little blood, left ventricle is large, not much, if at all, hypertrophied. Mitral valves a little thick at the edges. Aortic valves opaque and thick but still competent. The ascending portion of the arch appears dilated especially in two small or pouches on the right side both of which are very thin. On one there is found a small rupture about the size of a pin head, through which the haemorrhage took place into the pericardium. The whole arch is considerably dilated the intima very atheromatous and rough. The origin of the innominate is dilated a little, that of the left carotid very much so. On tracing up the innominate a saccular aneurism is found springing from the right side of the vessel, the orifice being about 3/4" by 1/4". The sac is about the size of the closed fist and is obliterated fully one half by densely laminated fibrin. The right pneumogastric is involved in the wall of the sac. The walls of the subclavian and right carotid arteries are healthy.

8/7/77

CXXIII Calcul-vesicæ

a. B. æt. 78.

Body that of an old but tolerably "well preserved man" rigor mortis present.

Thorax and Abdomen. On opening the latter cavity the upper coils of the intestines are of a mud red colour. About 2 pints of a dirty turbid fluid were removed from the peritoneal cavity. A small amount of lymph united some of the coils of the ileum to the pelvic walls and organs. On separating these a small perforation is seen at the upper part of the bladder. In the Thorax the lungs are free from adhesions.

Pericardium and Heart quite healthy. Chambers and valves of the latter normal only slight degenerative changes in the valves. Aorta presents one or two scattered patches of atheroma

Lungs healthy. Spleen of average size, good consistence and normal appearance. Kidneys On section one or two small purulent deposits are found in each organ chiefly in the pyramids which are dark in colour and contain much blood. In the right organ there are traces of suppuration beginning in the cortex. The pelves are much engorged. Ureters of normal size. Mucous membrane hyperæmic. Bladder is enlarged. walls thick. On removal & slitting up the mucous membrane is dark in colour and traversed by numerous trabeculæ between which are sacculi. At the bottom of one of these near the fundus of the organ slough has taken place causing a small perforation. a stone (Oxal. prot.) like 6-7 large cloves joined & like head, was found in the bladder. forming the counterpart of one removed two days before. Prostate much enlarged, the size of a small orange. the right lobe contained an abscess. Liver. Stomach & Intestines appeared very healthy for such an old man.

8 hrs P.M.

CXXIV Recto-Vaginal Fistula. Abscess of Bd. Leg. Perfor. 9/7/77

Sarah Innes.

Body that of a well nourished medium aged woman. abdomen protuberant. Rigor mortis beginning.

Thorax and abdomen. Coils of intestines are injected and towards the pelvis covered over with flakes of lymph. About 2 pints of a dirty semi-purulent fluid were removed from the cavity. The contents of the pelvic cavity appear matted into a solid mass a fluctuating tumor was evident at a little to the right of the superior aspect of the pelvis and from a small perforation in this pus exuded. Pericardium normal. a few drachms of fluid in it.

Heart. Chambers, valves and orifices natural looking. One segment of aortic semilunar fenestrated.

Lungs. Slight puckering and pleural caverns change at both apices otherwise quite healthy. Spleen somewhat enlarged, soft and easily torn. Kidneys. Left. The pelvis and ureter of this organ are much dilated and contain a turbid fluid. The pyramids are considerably wasted. On tracing down the ureter it is found to enter a thickened fibrous mass attached to the rectum and uterus, and is here very much constricted. Right kidney appears healthy.

Bladder healthy. Nothing noticeable about the stomach or small intestines. The rectum in the 2nd part of its course is closely adherent to a mass of condensed fibrous tissue which unites it to the uterus and also to the pelvic wall. Below this are seen 3 orifices. One presents communication with the vagina, showing signs of recent operation. Uterus is slightly enlarged. Mucous membrane looks normal. Two irregular abscesses exist to the right of the organ & tending also towards the groins. They both contain pus and the upper one presents a small perforation ○ of the size indicated. The tissues about are much indurated.

Liver looks pale. otherwise normal.

12/7/77

Case CXXV. Bayonet wounded. Left Subclavian

J. McC. æt. 24. Stabbed with a bayonet on the eve of 12th July by one of the Guard at City Hall.

Body that of a powerfully built muscular man. The only thing worthy of note in external inspection is a wound 3/4" by 1/4" situated in front and a little to the internal side of the left axillary fold. The edges of it are lacerated and contused and in pressure blood wells. On removing the sternum the left pleura is found full of blood (2 quarts) which is removed, in compressing the lung. On tracing the wound it is found to penetrate part of the deltoid, pass in front of the axillary vein beneath the pect. minor and enters the chest immediately below the 1st rib (3" from the sternum) grazing it, & finally passes directly through the upper lobe of the lung penetrating the pleura covering the posterior mediastinum and cut across the left left subclavian artery about 1/2" from it origin in the arch. The vessel is severed nearly 3/4 of its extent. The tissues in the posterior mediastinum are infiltrated with blood.

Heart of normal size. Chambers right side and the cavae still contain a small amount of blood. Left ventricle empty.

Lungs crepitated and, with the exception of the wound, healthy.

Nothing abnormal noticed about the other organs, which were somewhat exsanguine

20 hrs PM
5/8/77

CXXVI Colitis ulcerat.

ab. æt 80. Body that of a tolerably well nourished old man rigor mortis present. On opening the thorax the cartilages of the ribs are found soft & easily cut through, with the exception of the 7th on the right side. Nothing abnormal in the abdomen, the coils of the small intestine are much shrunken not thicker than the thumb. Heart 365 grms. appears large. Nothing unusual on pericardium, no patches of attrition. Right chambers look healthy valves a little opaque. Left ventricle, walls are thick, of dark red colour. apices of musculi papillares fibroid & chordae short & firm. Mitral valves slightly thickened and atheromatous. Aortic valves present on their arterial surfaces, projecting into the sinuses of Valsalva, firm cauliflower-like outgrowths some of which are calcareous. The attachments of the valves are also calcified. The cardiac side of the valves are smooth, and in the diastole would probably have been almost, if not entirely, competent. The Aorta presents in its whole course numerous atheromatous patches, the arch is comparatively free, there being only one nummular patch on the ascending part. In the abd. portion the degenerat. was excessive, especially about the bifurcation, the walls here being quite calcareous & with difficulty cut through. The intima in places was quite rough. Lungs, a little congested posteriorly, otherwise very healthy. Only a few adhesions between the pleural surfaces.

Spleen, adherent to the diaphragm, capsule thickened. Organ small, weighs only 90 grms. Trab. & vessels very evident. Pulp of good consistence, brownish red in colour.

Kidneys R. 90. L. 105 grms. Small, shrunken; capsules peel off with tolerable ease, surface very much puckered, & here & there present small cysts. On section cortex wasted, pyramids look

healthy. Ureters and bladder normal. Prostate enlarged, firm & contain much sand. & one smooth stone O.

<u>Stomach</u> Mucous membrane thin but dense, with difficulty torn, nothing abnormal in the small intestines. Throughout the large bowel, more especially in the colon, the mucous membrane is extensively ulcerated, small round & irregular shaped loss of substance being scattered over the surface.

Liver. small, 1020 grms, firm, but not cirrhosed. The capsule dense. Gall bladder large; duct. com. wide. On pressure bile flows from the pap. biliaria.

Bones very friable, the sixth & seventh ribs of the right side had apparently been broken during life. The medulla was examined and found full of a very oily marrow the cancellated portion diminished.

CXXVII Typhoid Fever Tub. peritonitis 7/7/77 2 3hrs P.M.

M. Gorman. æt 18. Body that of a well nourished young girl Rigor mortis almost gone. No petechiæ. Sordes on lips & gums. Tongue dry Thorax and abdomen

On opening the latter cavity the peritoneum has not its smooth glistening aspect but is roughened and here and there are small firm granulations some of which are much pigmented. They are most numerous over the mesentery, but exist also on the intestines themselves. There is no lymph. nor fluid in the cavity. The pelvic organs are matted together by old adhesion and the liver is intimately adherent to the diaphragm. No fluid in either pleura. Pericardium normal.

Heart. Large veins and right chambers contain much blood, and in the left ventricle is a small clot. Muscle appears a little opaque. Orifices and valves healthy

Lungs. posteriorly contain much blood and are very dark in colour. In the region and laterally are seen certain elevated pale areas which are firm to the touch and entirely airless. On section they are paler than the surrounding part, often wedge-shaped and the central parts of one or two are soft & breaking down altogether there were four or five of these masses in each lung those in the left were largest. all larger than walnuts. Scattered over the pleura were numerous ecchymoses, and the membrane over the pneumonic areas was roughened.

Spleen large, exceedingly soft. pulp of dark purplish red.

Kidneys also enlarged, soft & swollen. Capsules detach easily Cortex coarse, swollen. Small vessels injected

Ureters and bladder healthy

Stomach, presents nothing unusual. Its Membrane appears normal

Intestines contain a quantity of fluid feces & the brain & water which adhere to the mucous membrane. At the beginning of the ileum Peyers patches appear as slightly elevated red bodies, as the valves is approached they became large, more inflamed and one or two of the lower ones present irregular loose patches the mucous membrane about them is not much inflamed & sometimes the patches the swollen angry appearance is often seen in cases dead during the first 10 days of the fever. Large bowel looks normal

Liver . Soft, flabby and easily torn. On section of a dirty brown colour, uniform, larger vessels full. Gall bladder contains a small quantity of tinted bile. Ductus com. pat.

Uterus, is pushed somewhat to the left and upon it lies the left ovary which is involved in cystic degeneration. The rectum is firmly united to them by old adhesions. On opening uterus mucous membrane looks healthy. Both ovaries contain large cysts filled with a semi-purulent material, & the Fallopian tubes also are swollen & contain a similar fluid.

Aorta The left renal artery is given off from the aorta between the left carotid & left subclavian arteries

CXXVIII Typhoid Fever. 10/3/77 4 hrs P.M.

æt. Ill only a week. T. high 105°.6. Peculiar enlargement of superficial veins in right side of abdomen.

Body that of a moderately well built young man, nourishment, & orders in teeth. Rigor mortis well marked. Superficial veins of right side of abdomen distended, especially the circumflex iliac which is as large as the little finger and occluded by a soft thrombus. Thorax and Abdomen. Nothing abnormal in abd. cavity. Temp. at post part. 102.4° (T. axilla before death 105°). In the thorax the lungs do not collapse, owing to firm adhesions of the pleura; large veins at root of neck full. & both ex & internal mammary in same condition. Pericardium adherent over nearly the whole heart by easily separable fibrous bands. The parietal layer is thin, the visceral irregular somewhat thickened and over the left ventricle thickly studded with ecchymoses. Heart weighs ¾ lbs. Right auricle distended with blood. On opening, 3xvi escaped from it, the rt. vent. and the cavæ. Rt. ventricle of full size, walls of about normal thickness, perhaps a little thin. Orifice and valves normal. Left auricle contains about 4 oz of blood. and another 4 oz escaped from the pul. veins. Left ventricle. Walls hypertrophied, in places fully 8 lines in thickness, chamber also large. (no rigor mortis) Mitral orifice and valves normal. Aortic semilunars healthy. Arch of aorta is small, at the commencement of descending portion only admits the little finger of my right hand as far as nail. Circumference . . The whole vessel appears small and iliacs & femorals are also unusually small. The left carotid is given off from the innominate. Lungs, Left pleural layers are united by tolerably firm bands over a great portion of their extent; apex free. Rt. almost universally adherent. Lungs crepitant throughout much congested posteriorly, and in small areas violated towards the outer parts towards the front part

which appear somewhat emphysematous

Spleen enlarged, weighs . . Moderately consistent, though easily torn, colour dark blackish red. Malpighian bodies indistinct
Kidneys left right . . Natural looking. Cortices a little coarse. . Ureters and bladder normal. Latter contains 3vi of turbid urine. Supra-renal capsules of full size, normal
Stomach contains a quantity of dirty fluid & some masses of curds Mucous membrane at cardia injected, pale in other portions; much mammillated in great curvature. Intestine. contain a large amount of yellowish fæces. Nothing noted on mucous membrane till ileum is reached, here Peyer's patches are swollen and deeply congested Only 2-3 of the smaller plaques the size of shillings show signs of ulceration, the larger ones towards the valves are only tumified, in some individual glands are still to be seen as white opaque swellings with little or no congestion about them. Large intestine Nothing unusual in the cæcum. The m. m of colon intensely red, no ulcers
Mesenteric glands much swollen and hyperæmic.
Liver weighs . Consistence good. On section large veins (hep) contain a good deal of blood. Lobules indistinct. Gall bladder small hardly any bile in it. Duct. com. chol. patent

CXXIX . Fracture . Base of Skull . June 30th.

17 hrs. P.M. . Gsmurne . Dans at 70

Body thin . Slight abrasion over ext. condyle of left humerus. Deep ecchymoses of both eyelids and sub conjunctival in upper part of right eye . Cut with contused edges, 3/4" long over R. forehead, involving the integument only . Cut, also cutaneous, 1/2" long behind left ear which is slightly contused . Cataract in left eye very marked, opacity of lens in right eye . Rig. mortis present . Skull . Ext. under scalp, extending over limit of right temporal muscle . Vert. fissure of frontal bone on left side, 1" long, with transverse one 1/2" long at right angles to it, not corresponding to external wound but rather below it . Dura mater healthy . Considerable amount of sub-arachnoid fluid . Intense venous congestion of pia of left side, & arachnoid opaque . Extensive effusion of blood over right half orbital plate of frontal bone . Lacerated cavity, size of walnut, filled with coagulated blood, on under surface of right frontal lobe . Rt. olfactory bulb lacerated . A fissured fracture extends obliquely across the floor of ant. fossa from a point which corresponds externally with ext. ang. process of right frontal, backwards through orbital plate of frontal & ethmoid to the Lt. outer margin of lesser wing of sphenoid . On raising the orbital plates the tissues of the orbit are found deeply ecchymosed . Arteries at base stiff and patulous with annular calcification at several points . Lateral ventricles full of blood serum with slough of epith. Small ecchymosis on floor of 4th vent. 3rd. normal.

Heart- 218 grms. Calcareous patches at arterial margin of semilunar valves mitral valves somewhat thickened, Aorta atheromatous, large patch near innominate . Lungs healthy . Intestines normal . Kidneys rt. 130. left. 132 grms. cysts in cortex . Spleen normal, weight. 70 grm

R. L. McD.

CXXX Phthisis July 23rd. 8 hrs PM

Thomas Hay at 25.

Body thin and emaciated. Rigor mortis moderately distinct. On opening abdomen liver found to extend from 5th rib to 3" below the costal margin in the mammary line

Heart - healthy.

Lungs. Pleura adherent throughout. Large cavity, size of a hens egg in upper lobe, close to the pleura, full of pus. Nodules of grey tubercle scattered through the whole organ. Wt of L 458 gms. Left universally adherent. Numerous distinct hard tubercles disseminated through the organ, which is crepitant. Liver, 2280 gms. Surface somewhat mottled. Slightly grey on section. Looks amyloid.

Spleen 380 gms. also amyloid

Kidneys. 130 gms each.

Intestines. No ulceration - Mucous membrane friable, easily torn

Brain. Vessels on surface of hemispheres congested. Along upper margin of each hemisphere in line of long sinus are numerous miliary tubercles, plentifully distributed over the vessels in that part. Much subarachnoid fluid. Much lymph at base, especially over pons and optic commissure, which appears to be quite embedded in it. Specks of tubercle along sylvian arteries. Ventricles distended with fluid and brain substance in their walls soft + friable.

R. L. McD.

CXXXI Diphtheria July 24th.

Body that of a child about 8 years old, fairly nourished Surface of body studded with small petechiæ. Over meta-Carpo-phalangeal joint of great toe is an incised wound about an inch long extending from before backwards & from left to right - possibly made with a bistoury for the escape of pus from an abscess. Small incised wound over coccothyroideum space. Thorax. Organs regularly placed. Heart. right chambers full of dark blood and clots, valves and walls quite healthy weight 113 grms.

Lungs Rt. 2 15 grms. Lower lobes engorged and not crepitant upper lobe crepitant and normal on section. Whole lung floats in water. Left lung. in dependent parts engorged.

Epiglottis and ary-epiglottidean folds are intensely edematous forming cushions which combine to close the rima. In anterior part of inner wall of pharynx are small white patches, scattered here and there, none larger than a pins head. Mucous membrane of trachea intensely engorged. Pharynx and roof of mouth are covered with a fine white pellicle

Œsophagus, stomach, intestines & liver healthy.

Brain not examined.

R. L. Mc D.

CXXXII Tuberculous Kidney. Gen. Tuber. Pericarditis 20/8/77

æt. Body that of a middle aged female, moderate emaciation.

Thorax and Abdomen. Omentum thin and closely united to the peritoneum. The transverse colon & stomach are also united to adjacent parts by old adhers. The liver presents a dense capsule joined to the diaphragm by many bands. The spleen is also adherent by easily separated fibres to the diaphragm & abd. walls. A loop of the ileum lies in Douglass cul de sac, where it is firmly cemented to the tissues in this posa. In the thorax the pericardium appears large and full of fluid, the lungs do not collapse, owing to extensive pleuritic adhesion.

Pericardium 3XVI of a dark serum removed. Both layers are thickened and covered with rough irregular lymph, which in places is deeply furrowed in the transverse direction. Over the rt. vent. it is honeycombed, the cavities looking like the surfaces of putty pulled which had been placed together and then separated, on the lft. vent. the lymph is thicker 2-3-4 lines and the surfaces haemorrhagic or blood stained. All portions of the membrane are affected, that upon the great vessels is much thickened & lobed. Heart. weighs 335 grms. Rt auricle contains a small amount of blood & appears normal. Rt vent. normal. Lft. walls hypertrophied in places 2/3" thick, colour moderately good. On examn. Papillæ. fibroid at apices and many of the smaller col. car. are fibroid. Cavity normal, or if anything a little small. Valves healthy. Arch abnormal. Lft carot. & innom. Innominate Lungs. Chronic fibro-caseous change at both apices, with one or two small cavities. Throughout other lobes miliary tubercles numerous but no nodules. Spleen 370 grms, tolerably firm, capsule, dense & fibroid. On section, colour and consistence good. a few white firm bodies noticed probably miliary tubercles

Kidneys right, of average size. On section pale, blurdled. To the touch on section firm. No tuberdes. Left, is converted into a large mass, which can readily be felt both in front & behind, just below the ribs. It is firmly united by condensed fibrous tissue to adjacent parts, and on removal weighs 5-83 grms. On section a large amount of a dirty ill-smelling pus flowed out, the whole mass being made up of irregular abscesses and breaking down caseous matter. There is no trace of any kidney substance left. The ureter is pervious, the calibre slightly contracted just beyond the pelvis, at which point it is firmly united to the mucous and drawn a little out of its course. Numerous caseous spots exist beneath the mucous membrane of the upper half, then they become more scalloped & almost disappear before the bladder is reached.

Bladder about the orifice of the left ureter, and extending from it towards the fundus are numerous flat caseous patches, some sub-mucous others have apparently ulcerated.

Uterus healthy. Signs of old peritonitis in Douglas's pouch. The Fallopian tubes are enlarged, convoluted and shortened. Each is as thick as the little finger in the greater part of their course; near the uterus however, they are narrow. On section they mucous membrane is in a swollen glutinous condition, in places caseous. The ovaries appear healthy, but are drawn down considerably by the adhesions of the F. tubes & their twisted condition.

Stomach contains a quantity of dark black material like coffee grounds, and several large dark clots. The staining extends over the surface of the membrane which is thin, especially at the pylorus. No ulcer or erosion.

Intestines contain a dirty tar-like substance. Mucous membrane looks pale. Large bowel much distended with clay-coloured soft faeces. Mucous appears normal. Mesenteric glands are enlarged & many of them caseous.

Liver Capsule thick & opaque. and adherent to neighbouring parts. On section substance of good colour, and scattered through it are numerous miliary tubercles, some larger than small shot.

CXXXIII Phthisis

21/7/37

J. Sweeney æt. 33. In Hospital 6 weeks. 20 hrs P.M.

Body much emaciated, abdomen sunken. Rigor mortis almost disappeared. Thorax and Abdomen. Nothing abnormal in latter cavity. Diaphragm corresponds to 4 interspace. In thorax the lungs are intimately glued in front to the chest wall. No fluid in either pleura.

Pericardium, healthy. about 3ij of clear fluid. Heart 185 grms, very soft and flabby. a considerable amount of blood in right chambers. Rt auricle looks a little enlarged. aur. vent. orifice slightly dilated; valves normal. ventricle natural looking. Pulmonary orifice provided with four semilunar valves.

Left chamber normal. aortic semilunar a little atheromatous below the free border of segment. but are competent. Commencement of aorta just above the sinuses of Valsalva atheromatous.

Left Lung On removal a large cavity, occupying the whole of the apex and post. part of upper lobe, is ruptured. It contains pus, and the walls are traversed by numerous tabecula. a large bronchus opens directly into it. One or two smaller cavities exist in the upper part of lower lobe, which in the rest of its extent is stuffed with grey tubercle. Right lung has two small cavities at apex, surrounded with crepitant lung tissue containing innumerable grey tubercles, some of which are large and softening. The ant. parts of upper & middle lobes are firm, though crepitant. and on section show a tissue studded with tubercles, among which is a clear fibrous tissue, giving to the section a very peculiar appearance. Many of the tubercles have softened forming little pocket of pus. Numerous small nodules exist also in the lower lobe. Bronchial tubes contain a pothy, here & there, purulent fluid, no ulceration found in mucous membrane. Trachea a little injected otherwise normal.

Larynx under surface of epigl. much ulcerated, cartilage bare. Epigl. thyro-median fold destroyed. Anterior halves of vocal cords gone, and the angle of thyroid cartilage much ulcerated.

Spleen 142 grms. very dark red in colour. Mal. bodies glistening, amyloid? brine tolerably dense. Small supernumerary spleen present, size of cherry.

Kidneys Rt. 150. Lft. 140 grms. Capsule detaches easily. Cortex anæmic. Bladder & ureters normal. Sup. capsules present normal appearance.

Stomach contains a pint of dark brown fluid, smelling of brandy. Mucous membrane injected & appears of normal thickness, that of pylorus pale & is thinner. Duodenum presents nothing unusual; bile flows from papilla biliaris on pressure of duct. At lower end of jejunum are a few tubercular ulcers, the size of shilling, and similar ones - 8-10 in number - scattered throughout the ileum, the peritoneal surface of which is covered with small miliary granulations, and the bowel much thickened.

Cæcum much ulcerated about the valve. Appendix vermiformis obliterated & represented by a fibrous cord 1½". Ulcers in colon.

Liver small 1315 grms. a little soft. Section pale, through not apparently fatty. Nothing abnormal in gall-bladder.

CXXXIV Aneurism of Aorta 26/8/77

J. Harrop æt. 22 hrs 1 M.

Body that of a medium sized, moderately well nourished man. No external peculiarities of note. Rigor mortis disappearing

Brain not examined.

Nothing abnormal in abdominal cavity.

In thorax lungs slightly adherent along edges of ant. mediastinum about 3x ℥ fluid - slightly turbid - in left pleural sac.

Pericardium contains a few drachms of clear fluid. Right auricle distended with dark clot and blood. Left vent. also full and clots extend into pulmonary ~~artery~~ veins. Valves normal. Left auricle also contains fluid and the vent. has about 3ß of clot in it. The valves are competent. Walls of left vent a little thickened but of good colour. Aorta athermatous and dilated, the ascending portion of the arch presenting one or two little patches. From the

Lungs. A large amount of semipurulent fluid escaped from the trachea and bronchi, the mucous membrane of which is dark. On slitting up the former it is seen that the aneurismal tumor compresses the left main bronchus diminishing its calibre at least two thirds at one spot. It has ulcerated through and the fibrinous lamina of the sac can be plainly seen. The left lung is heavy. The upper lobe crepitant but rey ~~de~~ congestion. The lower lobe is consolidated, the air cells are seen filled with small pin granules. The surface of section is tolerably dry. The right lung is crepitant

but contains much blood and pathy serum, especially in dependent parts.

Spleen normal size, and healthy
Kidneys and suprarenal capsules normal.
Nothing abnormal in Stomach or intestines
Liver healthy.

Case CXXXV. Aortic Valve Disease. Case of Hardstaff.

AB. æt. a stout well built young man. had been a blacksmith
General appearance Body that of a young, well developed man. Feet & legs edematous. Face suffused, eyelids puffy. Skin of upper part of body slightly yellowish, and mottled
Thorax and abdomen. About a pint of clear fluid in abd cavity. position of the viscera normal. In the thorax, the pericardium with enclosed heart seem to occupy a larger space than usual. Lungs universally adherent. Small amount of clear fluid in pericardium. Heart. Right aur. & the venæ cavæ are much dilated being filled dark semi-coagulated blood. Eustachian valve persists and is cribriform. Cavity would hold a large orange. Right ventricle, considerably dilated. Length from pul. mytral apex 13 CC. Col carn. strongly developed. Wall ½ CC in thickness. Pul. semilunar valves normal. Circumference of ring 9½ CC. Left auricle dilated. Endocardium opaque. Mitral orifice admits a ball 14 CC = 5¼" in circumference. Left ventricle enormously dilated; length from aortic ring to apex 14 CC. Wall near septum ¾" thick. Toward apex 1½ CC. Mitral valves little, if at all thickened. Chord. tend. appear numerous, not shortened. Musc. papil. look flattened out, apices slightly fibroid. Surfaces & margins of some of the columnæ carneæ also fibroid. Aortic ring measures 8 CC = 3¼", and is apparently guarded

by only two valves, between which there is an irregular interval
The pulmonic segment is large, 3½ cc along its free border, where it is
slightly thickened; the body except at the central spot, is translucent
Right and left segments appear to have merged together, looking
like a single large imperfect valve, having a free border 3½ cc in
length. The end of the ~~left~~ right nearest the post segment is quite loose, only
anchored by a cord 1 cc in length which is attached close to the pulmonic
valve in a line extending in the curve where the
The united valves are thick, especially at edges, and they have not
the normal length, the origin of the right coronary not being covered.
The separation between the cusps of Valve is quite distinct, but
the raphe between the segments only extends to their bases. On the ventricular
side a faintly marked groove indicates the separation. Weight. 690 grm
1 lb. 8½ oz.
Lungs. Right. almost universally adherent. It is heavy & edem-
atous, & contains much blood in dependent parts. The left also
adherent except at extreme apex. On section only slightly crepitant
the surface looks like a piece of spleen.
Kidneys. R. 120. L. 215 grms. Capsules detach easily. Cortices anæmic
& coarse looking. Cones of pyramids congested. Organs very firm
Spleen. firm, not enlarged; pulp of dark red colour. Malpighian
corpuscles distinct. Weight 205 grms.
Liver, remarkably unstained. - a little increased in firmness
Nothing abnormal in stomach, intestine, &.

17/9/77

CXXXVI. Diphtheria.

A.B. æt 4. a fine well developed boy ill days upon whom Tracheotomy had been performed 24 hours before death. Skin of upper part of trunk discoloured. Frothy mucus oozes from mouth and canula.
Nothing abnormal in abdomen. In thorax the lungs do not collapse when the sternum is removed, the right projects somewhat.
Heart. of normal size. right cavities contain much blood, & the left ventricle is completely filled with a closely adherent, partially decolourised clot.
Muscular substance looks a little pale and on section is found fatty. see note bk.
Pharynx. Trachea & Lungs removed together. A thick diph. membrane covers the uvula & extends over post. pillars. Below it is seen upon the glosso epiglott. folds, the ~~oesophag~~ aryepiglott. & on under surface of the Epiglottis & interior of the larynx. It lines the Trachea as a uniform membrane, thickest about the opening for the canula. & extends to the bronchi of the second & third diameter. It is easily separated from the surface beneath which is intensely congested. The lungs are heavy in the lower parts but crepitant throughout; the smaller bronchi contain a good deal of mucus.
Kidneys. appear of normal size. Capsules detach easily. On section the cortices are swollen, pale, presenting a great contrast to the pyramids. A few vessels are injected in the cortex, and the venae stellulae well marked (Histol. app. see note bk.) Spleen firm, pulp dark in colour.
Liver. Looks natural.

17/9/77

CXXXVII Diphtheria 15hrs P.M.

J.L. æt. 10. a ~~good~~ ~~common~~ of preceding

Body that of well nourished girl. Rigor mortis absent. Thorax and abdomen. Intestines, pale. a diverticulum ileo spinosum about middle third of ileum. no fluid in abd cavity. Lungs collapse slightly, and are mottled with patches of collapse. Heart. Right chambers full of blood and clots. Small clots also in the left heart. Valves & orifices normal. Muscle a little pale and on ~~exam~~ is fatty. Pharynx Larynx Trachea & lungs removed together. Numerous diphtheritic patches about uvula & fauces, as well as the folds in the larynx & under surface of epiglottis. a good deal of edema about the folds, which are very loose. Throughout the whole trachea and extending to the tubes of the 3rd & 4th diameter there is a firm greyish white, easily separable membrane, beneath which the mucous is intensely congested. There is a good deal of purulent mucus also in the bronchi. The anterior portions of the middle & lower lobes of right side are solidified and numerous areas of collapse are scattered over the lungs. Such dependent parts are heavy & sodden. Spleen a little enlarged, moderate amount pulp & dark. Malpigh. corp. well marked.

Kidneys, much congested, in both cortex & pyramidal portions, ~~parenchyma~~ marked ~~contrast~~ stained at the former case. The injection of the cortex uniform.

Nothing abnormal about brain Stomach or intestines.

CXXXVIII Typhoid Fever Sept. 26th. 11.30 a.m.

Ann. Budden at 20 admitted Sept 8th died Sept 25th 3 p.m. Fever moderately high throughout - 105°-4

Body that of a well developed young woman. Rigor mortis present. No emaciation

Position of viscera normal. Heart, 235 grms flaccid. Pericardium almost empty, not a 3 of blood in it. Other than chambers in same state. I never saw so little blood in any heart. Valves & orifices normal. Muscle a little pale. Endocardium stained. Lungs free from adhesions, Anterior portion pale, whole of dependent parts engorged with blood, firm to the touch, & portions sank slowly in water. Spleen - weight. 270 grms; dark in colour and of the usual appearance of this organ in T. fever. Kidneys R. 195 grms. L. 160 grms. Capsules easily stripped, cortex presents cloudy appearance, pyramids except at their bases, pale. Supra-renal capsules normal. Stomach contains some chyle & mucus, the membrane is injected in places, & soft. Duodenum healthy. In lower part of Jejunum are several swollen but not ulcerated patches of Peyer. Throughout the ileum the glands are swollen, not much injected, and about six round clear cut ulcers are seen, the largest of which is equal in size to a shilling. The bases of them are made up of the muscular coats & there is very little thickening or engorgement of the edges. 3 of them involve parts of patches. The solitary glands are only slightly affected, in both, small & large but in the latter there is no ulceration - Liver, of average size, uniform in colour; nothing special noticed about it

CXXXIX Typhoid Fever. Sept 27th. 9 hr. M.

J. Gorman. ät. 22 Admitted Aug 25. Died Sept 27th 9 a.m. Nervous symptoms prominent throughout.

Body that of a delicately built young man. No rigor Mortis. Scattered over the skin of extremities and trunk are numerous rashspots, most abundant on abdomen, along arms and on the ankles. They are large - many of them confluent. Lips dry & covered with crusts. There is considerable emaciation. Abdomen appears normal. In thorax left pleura full. right sac obliterated. Cent. beneath the visceral layer of pericardium appear over left vent, are numerous small extravasations. Rt. auricle contains about 3 ij exceeding thin watery-claret-colored blood, and about 3 iii more flowed from the vent. & veins. A small amount in chambers right side. Muscle substance exceedingly pale, even waxy looking, (left vent. excluded). On exam. nothing beyond a fine granular exudation of the fibres was seen. no oil globules. Lungs. Right universally adherent. left entirely free. Both present a very peculiar appearance. as scattered over a generally anæmic surface are numerous very dark spots which on section are found to be spots of extravasation. A few of them are sig. emptied areas of collapse as they dilate on distending with air. The bases of organs are, with the exception of the apical spots, as anæmic as the ant. portions. The extravasations are most numerous & largest along the borders between the lobes. Spleen, weight. 3.15 gr. length 6½" moderately consistent, dark in colour, corp. visible. Kidneys of normal size. On section appear very anæmic, cortices of a dull muddy hue, vessels not full, on exam. epith. very granular, & swollen. nuclei very distinct & regular. Stomach contains about a pint of dirty yellow material. Numerous ecchymoses over the G. M., which is otherwise pale. Through Jejunum & Ileum covered with yellowish mucus and here & there submucous extravasations are seen. At lower part are a few Peyers patches

which look tolerably natural. In the ileum the peyers glands are distinct and two of them present small ulcers with swollen and engorged edges, but most of them ~~look unaffected~~ appear to have the mucus upon them though there is a loose cribriform look as if the contents of the indurated follicles had at one time escaped & not filled up again. One patch is considerably engorged, and over the whole mucous there are very many small ecchymoses. The sol. glands are distinct and several of them are ulcerated. One or two round ulcers seen in process of healing. The caecum & first part of the colon look watered & adherent to immediate sub mucous extravasation. Here are a few ulcers and the sol. glands are very distinct. The rectum & extends to the return, in which there is a large amount of dark grumous fecal matter.

Liver. uniform dark brown colour, no appearance of injected vessels has a fatty look with the muddy colour & an exam. cells found to contain fat.

28/9/77

CXL Calculus Vesicæ

Jean Planche. ætat. cut. 48 before death. 1 Ox. of lime stone removed.
Body that of a short-but well nourished old man. Rigor mortis present. A few small extravasations seen, chiefly over the sternum
Panc. adip. well developed, Muscles of a good colour.
Thorax and abdomen. An unusually long and much convoluted sigmoid flexure lies immediately upon the small intestines, and was mistaken at first for the transverse colon. The tissues of the pelvis between the bladder and rectum, and on the walls of cavity are much infiltrated with blood. In thorax the left pleural sac is obliterated, by firm old adhesions; right perfectly free. Small amount of fluid in pericardium. Sub-pericardial fat moderate.
Heart. right chambers contain grumous blood. Valves healthy, aortic semilunar a little opaque, Coronary arteries very rigid, several chordæ tend. calcified. Muscle substance in condition of brown atrophy
Lungs slightly emphysematous on anterior borders, otherwise natural
Spleen, enlarged, 230 grms, 20 ft. pulp. dark brownish red.
Kidneys. left. 39. grms, very small & shrivelled, the surface much puckered & capsule adherent, Cortex is wasted & many large prominent bloodvessels can be seen in it. R. Kd. 170 grm. normal size, firm & slightly fibrous
Bladder. Sacculated. and immediately behind the trigone is a circular pouch which just held the stone which was extracted. M. M. not ulcerated. Cut cornua; prostate not large.
Stomach contains a large amount of dirty greenish fluid. M. M. much soft ened and thinned. Intestines. healthy. Peyers patches very distinct
Liver. 105 ft. slightly shrunken, very firm, colour uniform

Æt. 42 – Labourer. Sister died of Phthisis
Smallpox 1870. Exposed much to wet & cold
Drank freely of ardent spirits and beer
Head injured against gate. Gen. good health
Feb. 1877 his symptoms were weakness, pain in back, breathlessness on exertion, violence of heart action; oppression in Epigastrium and dyspnoea, cough (no expect.) Entered Hospl. June 26th 1877.
Treated for heart disease. Left in July.

Readmitted to Hosp. Sept. 15th Symptoms as above increased:
Urine prod. reduced to 13 & 18 ℥. almost wholly album. beef-tea color – contains blood corpuscles, epithel.

Murm. double aortic & mitral.

CXLI Aortic Valve Disease.

29/9/77

5 hrs P.M.

Body that of a large powerfully built man. Skin of ant. pt. of trunk scattered over with lenticular pustules, and others wh. are more papular in character, dark in colour, & deeper in the skin. Upper part of body very livid. Slight anasarca. feet ankles a little swollen. Thorax and abdomen. On raising the sternum the innom. vein was cut and the blood spurted out continuing to flow from the cut in a large stream. Position of abd viscera normal. Only a small amount of serum. Right pleura obliterated, left quite free, no fluid, Pericardium simply. Heart very large 720 grms. Auricles, espec. the right, enormously distended with the veins. Fully 2 quarts of blood escaped on the removal of the heart. It was fluid and coagulated immediately.

Heart. Rt. aur. much distended, the walls between the musc. pectinati & trabeculae thin and translucent. Orifice of Cor. vein very large. Right vent- length 15. Cent- walls not much if at all, hypertrophied, Tricuspid orifice admits a ring 12 cm in circumference, valves healthy. Left auricle very large. holds ½ ℔ of fluid. Endoc. a little opaque. Mitral orifice not contracted admits a ring 11.9 Cent in circumference. Left vent- dilated, length from aortic ring to apex 12 Cent- Wall ant surface near septum 2½ Cm at apex 2 Cm thick muscle- of good red colour, Partially decolorized clots block the mitral. The Aortic orifice was only partially competent; but adhering fibrin partially made it appear more so than natural. On exposing the valves, the right segment presented some irregular pink looking vegetations on the vent. surface, and a rounded perforation through which a good sized pea could pass. The left segment had also roughened, somewhat elongated vegetations attached to it, while the posterior had an unusually long flabby looking one, smooth, not irregular, and to which a good deal of fibrin was adhering. Aorta a little atheromatous. not dilated. Other arteries not affected. Lungs. Considerably pigmented. Contain much blood posteriorly otherwise

normal. Spleen 600 gms, large, coarse, & firm. Pulp. brownish-red. Kidneys R. & L. 330 gms. Enlarged, Capsules detach easily, surfaces mottled. Venae stellatae distinct. On section organs very dark in both cortical and pyramidal portions, & venae rectae overfilled. Organs unusually firm cutting & like a piece of lumps. Ureters & Bladder healthy, latter empty. Stomach Large veins full & in places the capillaries are distended. M.M appears of normal thickness. Intestines when slit up appear healthy. Liver 2440 gms. Firm, not nutmeg, but large veins full & blood thickening about the vessels on the surface.

Case CXLII Chr. Tubercle of Brain 30/9/87

= 2 touches at 5.

Brain. Calvarium removed without dura mater. A good deal of serosity over this membrane, a few clots in sinuses. Pia mater, vessels moderately full. At the base there is a greyish exudation over the pons and beginning of medulla, involving the roots of the nerves in this region. It is less in amount over the perforated space & about the optic commissure. At the Sylvian fissures the fissures of the pia are matted together and numerous small tubercles can be seen. Four large coarse tubercles were found in the brain substance, each about the size of a small horse-chestnut, composed of dense caseous matter in the centre and a soft reddish ring at the periphery. One of these occupied the superior frontal convolution on the left side, another the parietal on same side, the other two in the parietal lobe of the right side. The lateral ventricles were much distended holding several ounces of clear serum, the walls were granular, not softened, except at the septum. The walls of the third ventricle were tolerably soft, and the fluid burst through the infundibulum at the base of the organ.

Case CXLIII Typhoid Fever 8/10/77

Lizzie Kinsella at 23. In hospital. days

Body that of a fairly well built and well nourished young woman slight post-mortem discolouration in dependent parts. Pressure there causes in legs. The whole of the left buff of the chest behind is raw from the application of a blister

Thorax and Abdomen. Visc. fabdominis normal. Intestines slightly distended with gas. In thorax thymus gland persists. A few drachms of fluid in pericardium no fluid in either pleura. Obs small adhesions of left apex to lateral wall of chest.

Heart right auricle contains a large pendent surface discoloured clot. Tricuspid orifice large, admits the 4 fingers to middle of 2nd phal. anx. Right ventricle contains partially coagulated blood & very large muderator band exists, L V. contains a small decolourized clot. M & A Semil. valves healthy. Lungs Posterior part of both lower lobes heavy & airless, portions removed sinking in water. On section a large amount of blood escapes, and the section is dark, but scattered over with lighter red dots as looking like spots of genuine red hepatization, having the granular appearance of that condition, the intervening lung substance looking airless but not having a granular aspect. The other parts of both lungs were crepitant. Spleen 320 grms. swollen darkened in colour, pulp soft, & friable. Kidney. Rt. 185 grms. Lft 210 Capsules delach readily. On section structure coarse. Pyal. corpuscles darkest in the cortex. and the small arteries leading to them are injected. Supra renal capsules look normal. Stomach On inspection swollen soft. omental mammillated. Intestines Nothing unusual in duodenum or Jejunum. The Peyer's patches in lower part of ileum are not even swollen. In Ileum the lower four or five patches are swollen and injected, and in several ulcerations beginning. The last-

six inches of the ileum is very much inflamed, the whole mucosa swollen & injected and at two or three places beginning to ulcerate. Immediately about the valve were two or three whole sloughs, and one such in the caecum just beyond the orifice. Colon & large bowel shows nothing unusual. *Liver* contains much blood in the larger veins but is not "nutmeg", consistence good. colour normal. Uterus, m m is congested & the veins of the organ as well as those of the pelvis very full. Ovaries natural

(P.S.) In the pelvis of the left kidney the m m was involved in a diphtheritic like inflammation, being covered with a greyish white membrane & the whole structure much congested.

Case CXLIV. Morb. Brightii. Oedema of Lungs.

G. V. aet. a stout old man, sent in from the Refuge. suffering from dyspnoea. he resisted all treatment and died in 36 hours.

Slight oedema of legs no ascites

Pericardium, no fluid. moderate sub-pericardial fat. *Heart* chambers on right side filled with dark gummy clots, partially decolourized. Tricuspid orifice decidedly enlarged. valves healthy. walls not apparently thickened. Left auricle contains a small amount of blood. L.V. a decol. clot. Valves a little opaque & thickened. Walls slightly hypertrophied and of a dark red colour. *Left Pleura* contains 4-5 pints of clear citron coloured fluid, membrane not inflamed. None in right pleura. *Left Lung* collapsed, especially in lower lobe which is quite airless, upper except at ant. border is emphysematous, and contains a *moderate* amount of serum. *Rt. lung* heavy, sodden, pits on pressure (closely adherent to chest wall) On section universally oedematous, clear serous fluid flowing in quantities from the surface, very little blood, only the remarkable amount of clear fluid. *Spleen* closely adherent to the diaphragm

capsule much thickened, and opaque. Pulp very dark in colour M. corpuscles well marked.

Kidneys small, cortex a little wasted, substance very firm and coarse, arteries not very prominent. Bladder & ureters healthy.

Stomach full of dirty fluid and curds. M. M. dark, [illegible], veins full. rugæ present. Nothing special about small or large bowels

Liver 1060 grms. small, surface rough, slightly cirrhotic. Organ firm, consistence greatly increased. Gall bladder full. D. C. C. patent

Brain. Arteries at base a little stiff. Convolut. somewhat wasted. Ventricles look normal, no excess of fluid. No hæmorrhages or spots of degeneration found in systematic slicing of the organ.

Abd. Aorta — in fact whole vessel very atheromatous, at the bifurcation there are several firm almost ossified plates.

CXLV Aneurism of Thoracic Aorta (rupture into L. pleura.) 21/11/77

David Kerr. æt 48 A well built man. had been a sailor. Came in with pleurisy, left sided, which was tapped. Died very suddenly. Severe pains in back and along ribs.

~~Notheopening~~ On opening the abdomen the viscera are seen to be much ~~project~~ displaced downwards & to the right; the diaphragm on the left side is seen to project beyond the costal border, and is very prominent behind. On opening thorax the ~~right~~ left pleural sac is found full of serum and blood. About 40 oz of the former were removed and (3030 grms (757 (94 oz.) of coagulated blood. The lung on this side is entirely compressed. No fluid in ~~opposite~~ right pleura.

Heart slightly enlarged. With exception of a trivial thickening of the mitral & aortic segments, the valves are healthy. Lungs, left entirely collapsed and there are signs upon the surface of recent inflammation. Right healthy. On removing the lungs a large oval tumour is seen to

occupy the posterior mediastinum, which, on examination, proves to be an aneurism involving the thoracic aorta. The site of rupture is found at the portion of the sac lying just over the heads of the 6th & 7th ribs on the left side - a rent 2" in the pleura. On removing the tumour the posterior wall of the sac is found to be the deeply eroded vertebrae. 5, 6, 7 & 8th, together with the heads of the corresponding ribs, that of the 7th being almost completely eaten away. The bodies of the (5) vertebrae (affected) are fully one half gone, the intervertebral substance, not so much involved, standing out between each. The sac is very large, pear form, involving the upper three fourths of the thoracic aorta, and contains numerous laminae of fibrin & much coagulated blood. The oesophagus is displaced forwards but not compressed and there is no pressure on the bronchi or trachea. The abd. aorta looks healthy. Nothing abnormal in the other viscera.

CXLVI Cancer of Stomach - Perforation 28/11/77

Carson ast. 43 Symptoms ill defined, referring rather to some deep seated cancer, either in pancreas or retro-peritoneal, than to the stomach Great emaciation. No tumour to be felt on palpation

On opening abdomen, intestines dark and relaxed, about six pints of a dirty offensive fluid removed. a few flakes of lymph seen, No injection of the peritoneal vessels. Omentum is pushed up. On draging it down an oval perforation is seen in the anterior wall of the stomach about midway between the greater & lesser curves, & rather nearer the cardia than the pylorus.

In the Thorax the lungs collapse to an unusual extent. They are not adherent, no fluid in pleura. or in pericardium

Heart. presents nothing abnormal.

Lungs crepitant throughout, moderately carbonized

Spleen adherent to the stomach and diaphragm and in the adhe-

tumours are numerous masses of cancer. Nothing abnormal noticed on section. Kidneys. pale
Left supra-renal capsule is partially involved in a cancerous mass. and about it are several firm nodules.
Liver. pale, somewhat smaller than natural. No cancerous masses
Stomach is small and contracted; through the perforation a dirty greenish fluid escapes. On opening it the cardiac ~~orifice~~ pyloric orifices are free. The mucous membrane of the whole organ appears raised in tuberous nodules, of an irregular form, some small others large with broad bases. The largest are in the fundus & greater curvature. On the anterior wall, about 1½" from the cardia and nearer the ~~lesser~~ greater than the greater curvature is a circular perforation, the size of a threepenny bit. For ½" or more about it the mucous surface is ulcerated - the only spot in the organ On section it is seen that the cancer involves chiefly the submucous but the mucous over the larger masses is very thin. The muscular coat in places thickened
Nothing abnormal in the Intestines

CXLVII Cirrhosis of Liver 2/11/77

- Buchanan æt 53 (Pat of Dr Bell) a hard drinker for 30 years
No jaundice. abdomen moderately distended Legs slightly swollen. A recent paracentesis puncture below navel. (Had been tapped 2 days before) about six pints of serum in peritoneum. Liver lies wholly beneath the ribs except portion of the left lobe. In thorax lungs entirely free from adhesions. No fluid in pleura. Heart. Of average size. a patch of atrition on rt. ventricle. Chambers of right side full. Tricuspid valves a little thick and gelatinous at the edges. Mitrals also a little thick. Aortic semi-lunar thickened and calcareous at attached

borders and to a slight extent along the free borders. The central parts are thin. Muscle substance not increased & looks natural.
Lung, emphysematous at free borders and apices, otherwise normal.
Spleen, moderately enlarged. On section soft. pulp dark brown and easily torn.
Kidneys of average size. Capsules detach readily. Cortex not wasted, a little firmer than natural. Ureters & bladder healthy
Liver atrophied and deformed. The right lobe is considerably smaller than the left. and presents on the upper surface a fibrous appearance. On section through the organ from left to right it is seen that in the left lobe the lobules are distinct and separate, but the intervening tissue is slight in amount; the lobules are of a dirty yellowish brown colour. In the right lobe the connective tissue growth has almost entirely supplanted the liver substance, scattered islets of which are seen (of a yellowish colour) in a fibrous stroma. The orifices of numerous small vessels are seen ~~in the portion~~, and from them blood exudes. The surface of this lobe is tolerably smooth; that of the left is raised into irregular tuberous nodules, flatter & larger than usual. The portal vein & its main branches appear of normal size. The D.C.C. & cystic duct are patent. The hepatic artery looks large. Gall bladder is full of thin bile-tinged fluid
Stomach contains a quantity of dirty fluid; the mucosa is covered with a closely adherent mucus. It tears with difficulty, but looks of normal thickness. Large veins full. Small intestines are dark ~~in colour~~ swollen, the mucous membrane, thick & here & there congested

CXLVIII Pemphigus - Pneumonia

3/11/77

Body considerably wasted. The skin presents remarkable looking losses of substance, irregular in outline, & with brownish, dry bases. The are large & extend irregularly over the ~~legs~~ trunk and extremities. An extensive one 6" X 8" exists over the sternum & lower part of neck and two or three very large ones are on the legs. They are depressed and on section at the junction with healthy skin it is seen that the ulcerative process has extended almost, if not entirely, through the cutis. Over the abdomen & thighs are irregular roughened patches, like psoriasis.

Position of abdominal viscera normal. In thorax, the lungs do not collapse. Left is universally adherent; right in part. Pericardium normal. Heart. Moderate sub-pericardeal fat. Right chambers full of clots, some of which are colourless and intimately united with chordæ tendineæ & the fleshy columnæ & are entwined with others in the vessels. Muscle substance healthy. Valves and orifices normal.

Lungs. Left. crepitant, except at ~~base~~ inf. border of lower lobe, which is heavy, solid, & in a low pneumonic state. Weight 670 grms. The right lung is heavy, weighs 1170 grms. Upper and anterior borders of other lobes crepitant, the rest of the organ pneumonic. Towards the root the portions present the usual characters of red hepatization, but in the greater part of the lower lobe the tissue is dark in colour, airless, contains much blood, and in it are numerous pale yellow areas 3/4" X 3/4" which are evident from the pleural surface, ~~and~~ where some of them project. On section there appear to be portions in a more advanced condition of pneumonia, the tissue pale granular & friable.

Spleen a little enlarged 225 grms, & moderate consistence.
Kidneys Left 230 grms. Rt 180. Capsules adhere to the substance.
Cortices not exacted. Malpighian bodies declined & the small arteries
leading to them are injected. Intervening tubules pale. Pyramids
injected. Stomach. rugæ present. M.M. normal. Duodenum. Bile
flows from papillæ biliaria. Small intestines nothing abnormal
noted. Large intestine healthy. Liver 2330 grms., presents
a natural appearance. Central veins a little distinct

6/11/77

CXLIX Stabbing wound of Abdomen. & Bowel. 10 hrs P.M.
Dyer Chas. at 21 a stout muscular young man received a stab in
left inguinal region. died 20 hrs after
An external wound 3½" in length extend from about 1" above the middle
of Poupart's ligament towards the navel. The peritoneal wound is
nearly the same extent. The mentum is blood stained at at
its lower part is an irregular cut, in which a small vessel ligature in
vessels are much congested and there is lymph about the lower portion
The coils of small intestine are matted together with recent lymph, the
walls swollen & relaxed, & here & there congested. Four ounces of blood
together with a few clots were removed. On tracing down the intestines
a wound - 1" in length, is found in the lower part of jejunum, through which
fluids and faeces escape. This part of the bowel was found at the opposite side of the abd to the stab wound. The peritoneum about the cut is inflamed & several large clots adhere to it. A small amount of faeces have escaped into the peritoneum, in the right inguinal fossa.
Nothing abnormal in abdominal viscera. Heart and Lungs healthy. In both pleuræ
are several ounces of blood and the sub-pleural tissue behind is much infiltrated
No wound of lung, no fracture of rib, no external wound visible

CL General Tuberculosis 5/11/77

J Hampson. at 5. (Pat of Dr Bell.)

Body that of a tuberculous looking child. Skin pale, eyes bluish, belly protuberant.

Abdomen contains a gallon of fluid in peritoneum. On the parietal layer of the membrane are numerous tubercles ranging in size from a pins head to a pea, very firm, dense and fibroid. None on the peritoneum over intestines themselves, but on the portion over the mesentery is an eruption of exceedingly fine ones — like little grains. On surface of liver & diaphragm they are also numerous. In thorax right lung intimately adherent; left free.

Pericardium small quantity of fluid in sac. Parietal & visceral layers much thickened and rough. The membranes are irregular, not covered with the usual villous exudations, but uneven strands of fibrin. A dozen or more flat slightly elevated caseous masses exist in both leaves. They are friable, yellow-white in colour, and very superficial. Valves abnormal in the heart itself.

Lungs. Right base in normal lung, very closely adherent at apex. It is heavy, not slightly crepitant and on section contains much blood and serum. Miliary tubercles are scattered through the organ, chiefly at the apex. They are small, recent looking, here & there occurring in groups. There are no cheesy masses in the lung itself, but in extending the section towards the root of the organ five large caseous bronchial glands are seen, projecting into the lung tissue. No trace of normal lymphatic tissue remains in these glands, they are very friable & yellowish in colour. The left lung is crepitant throughout; contains a few miliary tubercles, no nodules. Bronchial glands caseous but not so enlarged as on the other side.

Spleen. Half a dozen round caseous spots, the size of large peas, in the substance of this organ. No miliary tubercle. Kidneys. Eight or ten tuberculous nodules in these organs, which otherwise appear normal. Suprarenal capsules

Liver Numerous miliary tubercles upon the capsule and on suspensory ligament. Organ of full size. On section dark mahogany central veins full. Not amyloid (This condition was not suspected)
Stomach & intestines appear healthy. Brain could not be examined

CLI Aortic valve Disease. 12/11/77

at.

Body that of a medium size man; muscular development slight. No Anasarca.
Abdomen. Slightly increased moisture in peritoneum, Rectum & mesenteric. In Thorax no fluid in pleura, lungs adherent laterally and at apices. Pericardium contains 3 1/2 oz of clear serum. Sub-pericardial fat moderate in amount
Heart weight. . Right auricle distended with blood & clot; that in appendix colourless. Right ventricle also contains clot partially decolourized, extending into pulmonary artery, but not firmly adherent. Tricuspid orifice . wall of right vent. in thickness valves healthy. Left auricle contains a small amount of blood and a clot. Left Ventricle firmly contracted, but in opening it a cavity is seen, with a small decolourized clot lying on it. walls. in thickness . Muscle of good colour, on examination.

Mitral orifice in circumference. Valves a little opaque and thickened Aortic orifice in circumference.

CLII Cancer of Uterus 16/11/97

et Hill pr ~

Body that of a medium sized woman; moderate emaciation
Abdomen. Omentum thickened and closely adherent to intestines. On section it is seen to be infiltrated with cancer, and there are several nodules the size of cherries in it. Coils of intestines matted together, and covered with dry looking flakes of lymph. They are very firmly matted just above the pelvis and in the right iliac fossa. The large intestine is much distended with scybala. ℥ xx of turbid fluid removed.
Thorax. Adhesions in left pleura, right free. No fluid. Pericardium contains ℥ ij of straw coloured serum. Heart; right chambers full of dark brown clots; the colour is peculiar, somewhat like tan bark. Valves & ostia normal. Muscle substance a little pale. Aorta. Intima presents hints of atheroma - slight in extent. Lungs moderately congested, crepitant throughout. Spleen, of average size. Pulp soft.
Kidneys pale, especially at cortices. In right near base of pyramid is a cyst the size of a large pea filled with reddish brown material.

Stomach M.M covered with a tenacious mucus. It is pale, unplaus thin;
Intestines present nothing abnormal. Peyers glands small & ~~pale~~ with difficulty.
Liver enlarged, very pale, and markedly fatty.
After removal of the intestines a large mass is seen filling completely the pelvic cavity
and rising ~~with~~ with the bladder & rectum ~~so~~ removed entire; when the following
condition was found. The Bladder was pushed up above the pelvis, and
contained a few ounces of urine. At its fore numerous cancerous nodules
projected beneath the mucous membrane, which was otherwise unaffected. The rectum is uninvolved, though cancerous masses can be
seen through the M.M. and its calibre is much narrowed by pressure.
A longitudinal incision was made thro, the mass in the direction of
the axis of uterus and vagina. The upper wall of the latter is much
thickened and infiltrated with cancer, the lower wall is not so thick
The whole inner surface, and the part corresponding to the neck of the
uterus is a shaggy, fetid mass, presenting a deep excavation tow-
ards the body of the uterus. Of this organ no trace can be seen; a solid
cancerous mass occupies ~~this~~ position and involves the broad ligament
fallopian tubes and ovaries; ~~no~~ evidence of these structures being seen
Though the disease extends to the pelvic walls the bone are not affected
The tissue is firm, but ~~shrinking~~ shrinking down in places, and on examination
the cells, which are numerous, appear degenerating. The general char-
acter of the growth conforms to that of medullary cancer. The retro-peri-
toneal glands are enlarged and cancerous

L 111 Chronic Tubercle of Meninges - Softening 18/11/77.

Get printed account when published

Fullers case?

CLIV Empyema Pneumonia 20/11/77 16 hours Pm.

æt. 7.

Body that of a delicately built child. Rigor mortis disappearing In abdominal cavity the liver is displaced, the ant. border being a hand's breadth below the costal margin. In the thorax the tissues in the right upper antenor mediastinum are covered with lymph. The right lung is adherent by recent adhesions, which when separated show the lower lobe collapsed & the pleura occupied by a creamy pus, of which nearly 10 ozs were removed. The collapsed portion was very firmly adherent to the chest wall. The right pleura was also inflamed posteriorly and a dense layer of lymph (½" covered the lung behind) by a small amount of fluid on this side. Pericardium healthy Heart contains blood and clots in right chamber, nothing abnormal about valves. Lungs.

Spleen somewhat enlarged. soft. On section pulp mottled, large soft broken white areas (Malp. corps?) seen on a reddish brown ground. Kidneys. vessels & pyr. & cortex full. There are four small abscesses, the appearances in each organ. Stomach looks normal. Small bowel

Large intestine unaffected. Liver, swollen, & friable. The central areas of the lobules are stained of a yellowish brown colour. Gall bladder contains bile. Hepatic and common ducts patent. Beneath the right crus of the diaphragm is a swelling, which at the inner side appears soft, white & fluctuating. This proved to be a collection

smaller which had been removed from the right pleura.

Brain Meninges healthy. Vessels of pia mater full. Tunica of dura mater all slit up, nothing abnormal. Substance of brain itself natural looking. On section of the petrous portion of the temporal bones pus welled out and the whole structure appears suppurating. Unfortunately owing to, the body having to be removed no proper inspection of these parts could be made.

CLV Pleuro-Pneumonia. 22/11/77 36hrs. Male

æt. In Hospital only 2 days.

Body that of a medium sized man of moderate muscular development. Hair & beard grey. On skin of legs numerous scabs, and there are copper coloured cicatrices about the ankles. Rigor mortis present. In abdomen, liver displaced downwards about 3 inches. In thorax lymph covers the tissues in anterior mediastinum over the right part of the pericardium. 30 oz of serum in right pleura. both visceral and parietal layers over anterior lower half of posterior aspect of the lung covered with thick lymph. Bridles of recent lymph also pass between the pleural surfaces of the left side.

Pericardium contains 3ij of fluid. Heart of full size. right chambers full of blood and partially decolourized clot, which can be drawn out of the vessels. Left ventricle contains a firm leathery clot, adherent to the chordæ tendineæ. Valves and orifices normal. Musculature healthy

Lungs present a peculiar appearance from the fact that the upper lobes are disproportionately large, fully double the size of the lower, and on the right side there is no trace of a middle lobe. The fissure between the lobes is very deep and on each side the upper lobe occupies almost the whole of the anterior part of the pleura. A thick layer of yellow lymph covers the lower half of right upper lobe, and the whole of the lower, and

as well on the visceral layer. On section of right upper lobe the upper half is found in a condition of adema, much fluid oozes from the section, the lower part is firm, airless, and in a state of "purulent infiltration the cut surface greyish in colour and bathed with a purulent fluid Towards the middle of the lobe the tissue is firmer, in a condition rather of grey-hepatization. Many of the bronchial tubes contain fibrinous plugs Towards the anterior and lower borders the disease is more advanced, and here the tissue in places appears to be breaking down. The lower lobe is collapsed, especially at the per borders. The upper lobe of left lung is firm and heavy ~~in the middle part~~, and in dividing it from above downwards it is seen that the whole of the middle part, extending to the ant. border is inflammed, passing into the condition of red hepatization, though the tissue is more oedematous than usual. The apex is crepitant, so is the lower lobe, but both contain much blood and serum.

Spleen not enlarged. Pulp soft, brownish red in colour.
Kidneys, somewhat swollen. Pyramids congested. Vessels of cortex injected in lines, intermediate areas pale. Ureters & bladder normal.
Stomach normal. Nothing abnormal in small intestines. Large bowel healthy, no implication of mucosa. Liver large, coarse in texture & friable. Not nutmeg. Brain Dura mater natural. Veins of pia full. Substance healthy.

CLVI Morbus Cæruleus.

Child at 3 months. Had always been delicate & feeble. Sam ashy grey hue. Died quite suddenly, in its mothers arms, while in street cars. Body that of small infant, not larger than many of Charlotte babies. Skin cyanotic, though not intensely so
Abdominal viscera normal. In thoracic pleura healthy.

Heart is of full size, right ventricle appearing large in proportion to the other chambers. Much grumous blood in right cavities. In clearing out the right auricle the foramen ovale is seen in the auricular septum, no attempt having apparently been made to close the orifice which is about the size of a ten cent piece. The auricular septum itself is very thin, quite translucent and in many spots cribriform. The cavity of this auricle is large, compared with the left. The tricuspid orifice is normal, valves healthy. Right ventricle is very large in proportion to the left, and the walls hypertrophied. It presents a somewhat triangular appearance from the exterior the base being thick and prominent. The columnae carneae well developed. Pulmonary orifice and valves normal. (Unfortunately the heart was moved and taken away for dissection when it was found, too late, that the aorta had been cut across just above the ductus arteriosus so that no information could be obtained as to the condition of this vessel) Left auricle contains clot; it is small in proportion to the right. Left ventricle considerably smaller than the right. Valves healthy. Aorta normal. Lungs. Lower lobes and patches in the upper collapsed, being heavy & airless. With the blowpipe all parts are readily dilated & many of the smaller bronchi contain mucus.
The others organs appear normal

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22/4/77

C L V I I Aneurism of Abdominal Aorta.

A. B. æt 40 a very powerfully built muscular man, an engineer by trade, patient of Dr Gardners. 8 days before his death he ~~had been~~ was seized with vomiting & diarrhoea, which continued & the prominent symptoms of this complaint, & under which he gradually sank. No history of any injury but he had been a hard drinker. His wife stated after his death that for a year or more he had suffered from pain in the back

Abdomen. Pan. ad. well developed. & muscles large & of good colour. Intestines swollen turgid & in places dark coloured as if containg blood. No peritonitis. no fluid or blood in the cavity. Intestines on carefully moving the intestines, blood is seen effused beneath the peritoneum in the lumbar region, extending into the pelvis along the course of the iliac arteries, especially on the right side, where is passes behind the caput cæcum. The retroperitoneum is not extensive; the membrane is not much elevated. A large tumour, the size of the two fists is visible at the upper & back part of the abdominal cavity just behind the stomach, which on inspection is found to be an aneurism involving the aorta at its passage through the diaphragm. It arises in the thoracic aorta about 2½ above the cœliac axis and extends to the inferior mesentery in the abdominal part of the vessel, the axis, the sup. mesent & the renals being given off from the sac. The pillars of the diaphragm part stretch over the main part of the sac and are considerably stretched. The sac was carefully moved together with the abd. aorta & the iliacs when the following condition was found. The post wall of the sac is formed by the 11 & 12 dorsal vertebræ & their corresponding cartilages, all of which are greatly eroded, especially the 12th the body which is also much expanded, the sides projecting as much on either side beyond the 1st lumbar. It is eroded to the depth of 1/4 inches. The upper and lateral parts of the sac are occupied by dense diamonated coagula of a dark brownish red colour, while the rest of the cavity is filled by a more recent clot. dark in colour laminated, but only here & there, in each lamina presenting streaks of discoloration. At the lower and anterior part of the sac, just in front of the opening of the aorta is a cul de sac at the bottom of which the blood has passed between the coats of the aorta, dissecting up the intima on its posterior & lateral walls passing into the iliacs, chiefly the right, thereby thickening the intima in these vessels & diminishing their calibre. On the right side of

the external iliac it has burst externally by a small orifice from which point the blood has extended beneath the pelvic peritoneum. The blood in the dissected passage is coagulated. The sup. mesenteric artery arises from the greatest prominence of the sac and at its origin is dilated & contains clot

Heart - large weight . Chambers in left side especially left ventricle dilated. Valves healthy. Arch of aorta somewhat dilated the intima studded with elevated yellowish white thickened nodules. and the same condition extends into the thoracic portion

Lungs healthy. Spleen, natural looking. Kidneys swollen coarse, pyramids congested.

CLVIII. Omental Hernia. Operation. Peritonitis. Death. Ch. Tubercular Peritonitis. Phthisis. 26/4/77

æt. 40. Died 18 hrs after the operation. A delicately built man.

Abdomen 35 oz of amber colored serum removed, in which flakes of lymph float. The omentum is much thickened and dragged down and passes into the inguinal canal being is fastened to the external wound by stitches. The ascending colon is involved in & surrounded by the thickened omentum forming a loop which passes almost to the internal orifice. Its calibre is diminished. There is a good deal of inflammation in the part of omentum stitched to the external wound but not much in the piece in the canal, which is not adherent to the the walls of which are not. The walls of the intestines are injected, relaxed, and covered with flakes of lymph. Here and there are dark thickened spots, which correspond with ulcers in the mucosa. Many of the coils are closely adherent. separating

with difficulty, the opposed surfaces very much & granular. The mesentery is also much & irregular being beset with small tuberculous nodules, the lymph glands being inflamed gives a peculiar changing appearance to the membrane. A similar condition exists in the parietal peritoneum, and in the surface of the liver & over the gall bladder
Thorax 14 oz of serum in left pleura. Flakes of lymph over lower lobe & on parietal layer, which is considerably congested. Right pleura free.
Pericardium Patch of patches in right vent. Heart of normal size. right chambers full. no adhesions of valves. Decolorized clot in left vent.
Lungs Left. at the apex are two cavities somewhat larger than walnuts, with firm dark walls & the tissue about fibroid. In the neighbourhood and scattered through the whole lungs are groups of tubercle isolated ones and small caseous masses. Most of the tubercles are miliary in character & in clusters. In the right lung are a few scattered tubercles, and one or two small caseous knots, no cavities.
Kidneys unaffected. right has two renal arteries & two veins, one entering at the upper & lower thirds. Ureters & Bladder normal. Spleen dark in colour. pulp soft. Organ a little enlarged. Liver large, of a pale yellowish white colour; very fatty
Stomach large; mucous coat covered with a tinted mucus easily removed. It is pale, readily torn. Intestines Through the jejunum & ileum are from 15–20 tubercular ulcers, ranging from a threepenny bit to a shilling, edges sharply defined, bases composed of granular tubercular matter The solitary glands at lower end of ileum and in caecum are unusually distinct a few ulcers in caecum and colon.
Brain Meninges healthy. No tubercles about the vessels.
Substance normal.

26/1/77

CLIX Aortic Disease, Aneurism left. Mid. Cerebral; Apoplexy.

C. B. æt 20

Body that of a small moderately well built young man; Musculature medium. No signs of violence. Froth oozes from mouth and nostrils. Abdomen; position of viscera normal. In thorax lungs appear full large & do not collapse; left slightly adherent.

Heart weighs [illegible]. Right auricle, which is dilated, contains dark clots. Rt ventricle also contains clots some buff coloured and interwoven with the columnæ carneæ. Tricuspid and pulmonary semilunar valves normal. Circumference of Tricuspid orifice 10½ C.C. Left auricle. Endocardium opaque. Left Ventricle dilated and hypertrophied. Length from aortic ring to apex 9 C.. Thickness of wall at middle of posterior part 2 C. At apex 1¾0 C. Muscle substance of good healthy colour. Mitral valves healthy. Chordæ tendineæ thick & numerous, but not shortened. Circumference of mitral 9½ C. Immediately above the ant. seg of mitral, on a space about half the size of the thumb nail, between it & the aortic ring is a patch of fresh endocarditis. It is soft, irregular, & covered with fresh, small, soft vegetations

On slitting up the Aorta two valves only are seen, the right and left anterior having united. The posterior segment, just above ant mitral, presents a normal appearance in tenuity & shape, though large in proportion to the other. Length along free border 3¾0 C. depth 1¾0 C.. The substance of the valve & its free edge are a little thickened and opaque. On the ventricular surface are three small fresh vegetations, and just at the centre is a small depression leading to a tiny perforation of the valve. The sinuses of Valsalva is large.

From the root the right & left ant. segment appear as one valve, which along the free border is shorter than the post segment, measuring 3⅞0 C. It is also puckered and shrunken & its free edge a little folded; it depth 1¾0 C.

On looking into the aortic sinus, or indeed, as it can be readily ascertained, two sinuses of Valsalva are seen separated by a ridge in the aortic wall, which extends only

to the base of the united segments, and as a small line up the aortic surface. In consequence of the lack of support the segments fall together when the aorta is laid on the table. The free border is rounded & smooth in most of its surface but in aortic margin presents a row of reddish gelatinous vegetations. At one angle the thickened valve is cribriform. Behind the united segments the orifices of the coronary arteries are seen, one at the upper part of each sinus.

The aorta itself is healthy, though the wall looks thin just above the valves & measures 1 3/4 C in thickness. It is not dilated, & there is not much if any atheromatous change. Orifice 3C above valves 5 4/10 C

Lungs only slightly crepitant, heavy, and edematous, much frothy serum running on section. No adhesions; no disease of the tissue

Spleen, a little enlarged. On section presents an unusual appearance from the large size and opaque whiteness of the Malpighian corpuscles. Some of them are as large as no 1 shot, and look very peculiar on the purplish brown background of the pulp. Signs of three old infarcts.

Kidneys of average size. Capsules detach easily. On the right are the puckered remains of two infarcts, & on the left is a large one, still wedge shaped, but undergoing a fibro-cascous change. Both cortex & pyramids are dark in colour, the vessels full. The consistence is normal; no degenerative changes. Bladder full, M M normal. Ureters, healthy.

Stomach full of half digested food - cabbage & bread. M M a little soft. Nothing abnormal in small or large intestines. The solitary glands at lower end of ileum and in the cæcum are unusually large & prominent.

Liver healthy. Hepatic veins engorged.

Brain Dura mater normal. When removed the right hemisphere looks somewhat larger than the left, and the vessels of the pia mater are not so full, especially those along the Sylvian fissure. On section of this hemisphere at the level of the corpus callosum a large clot is found occupying the brain substance immediately outside the lateral ventricle in its whole

length. At first it was thought that the haemorrhage had taken place into the ventricle, but on dissection it was found not to be the case, the vent. was compressed but contained no blood. The clot filled the hind ~~v~~ weighed . The part just outside the ant. comm. is the large, rounded and covered with a thin layer of whitish material—fibrin. The brain substance is much lacerated, to the extent of . On examining the base nothing abnormal is seen about the vessels of the circle of Willis they are not atheromatous. On tracing out the right sylvian prime to find if possible the source of the haemorrhage, nothing abnormal is met with in the artery, until far back on the under surface of the parietal lobe where it appears a little adherent, and in dissection a nodular mass is found surrounded by brain substance and immediately below the ~~central~~ inferior part of the haemorrhage. After carefully tracing and picking it from brain substance, an oval body about the size of a cherry is left into which the left middle cerebral artery appears to pass. On injecting water into the artery by means of a hypodermic syringe it escapes from the anterior upper end of the mass, at which point there is a small rent about 1/2" in length. On slitting up the artery it is found to enter a small aneurism about the size of a pea with very thin walls, a branch passes out from it to the right, not far from where the main vessel enters. The remainder of the oval mass, which is situated immediately beyond and in close connection with the aneurism (indeed the latter occupies the anterior end of the former) is soft and fluctuating, and with opaque white walls, looking like ordinary brain substance. On opening it the contents are of a reddish brown colour pulpy in consistence, appearing like brain matter mixed with blood. On turning this out the cyst is seen to be about the size of a small cherry, with walls about 1/2" thick at the ant. end the aneurism projects into it, and the central part of the projection is rough & apparently fibrinous in character. No communication is found between this cyst and the aneurism.

30/11/77

CLX Pneumonia. Dilatation of Common Carotid. 24 hrs p.m.

J. S. Johnstone aet 38. medium height well developed. Skin mottled. Pan. adip. thick. Rigor mortis marked but disappearing

<u>Abdomen</u> position of viscera normal. No fluid. <u>Thorax</u> right lung much adherent. left slightly so. <u>Pericardium</u> normal. <u>Heart</u> chambers of right side full of dark clots. Valves normal. Left vent contains a fibrin clot. walls about average thickness. valves healthy

<u>Lungs</u>; right; The lower half of the upper & the whole of the middle and lower lobes are dark heavy, airless, & in state of hepatization. It is very dark in colour except in the middle lobe, which is lighter and has a great similarity to ordinary red hepatization. Left lung is congested and oedematous, but all parts contain air.

<u>Spleen</u> a little swollen. pulp soft.

<u>Kidneys</u> swollen & soft, & very flabby; pyramids congested.

Bladder & ureters normal.

<u>Stomach</u> M.M. of cardia & fundus congested, of a deep red colour. Large veins full.

<u>Intestines</u>. present nothing abnormal.

<u>Brain</u>. Pia mater natural, vessels moderately full. Brain substance firm. and present nothing unusual.

7/12/77

CLXI Phthisis

Jan. A. ab. a well built negro, no emaciation, but C. Clerk stated that he had lost flesh within the past 18 months. Flat dark colored round cicatrices, even with small scales on the legs.

In abdomen the position of the viscera is normal. On surface of small bowel congested spots are seen at intervals

Thorax. Pleural surfaces on right side above firmly united. about 3 X 1 of fluid between the base of lung and diaphragm. No effusion, & only slight adhesions on the right side. Heart & Pericardium. about 3 1 of fluid in the sac. Small patch of fibrin over ht. vent. Heart about size of the closed fist of the man; right chambers full of blood & clot ~~coagulated~~ valves & orifices appear normal, tricuspid, perhaps, a little dilated. Left vent. empty. Mitral orifice & valve normal. Slight atheroma below the post. segs. of aortic valves. Muscle substance looks healthy

Lungs. Right. Costal pleural has to be removed with the organ. Visceral layer is found uniformly thickened over the whole lung, ranging from 2‴ – 5‴ in thickness, dense (dense) & white, with tubercles scattered, here & there upon it. at the base there is some fresh lymph. On section through the lung in its whole length, the apex is found riddled with communicating cavities, which extend into the anterior border & down into the middle lobe. They look old, with dark, dark walls & much fibrous induration about them. The anterior border of the middle lobe is in a condition of caseous degeneration, and a cavity is forming, which has already opened into a bronchus. The tissue between over an area 2" – 1½ is friable, & uniform, containing no tubercles. Throughout the lower half of the lung are numerous areas of bronchio-pneumonia and some scattered tubercles?. The left lung is crepitant throughout contains no cavities, but at the apex are one or two small caseous masses and groups of tubercles are seen through the rest of the organ.

Spleen slightly enlarged, Numerous yellowish grey masses occur throughout the substance. They are pin, about the size of peas with ill defined borders, and the large evidently caseous. The pulp is moderately soft.

Kidneys present nothing abnormal, no tubercles

Bladder contracted healthy

Stomach, dark coloured & covered with a glairy tenacious mucus.

Small Intestines. In jejunum and ileum are numerous tubercular ulcers, chiefly small & round about size of peas. Margins of them occur in Peyers patches, the edges are swollen not much injected, the peritoneal coat over them is not affected

Large bowel

Liver Hepatic veins full. Substance a little pale, but consistence good

Brain, nothing abnormal on superficial inspection, Spinal reserved.

9/12/77
20 hrs PM

CLXII Ulcerative Colitis

A. B. aet 72.

Body that ~~of an old~~, but fairly well nourished old man. Nothing special on sup. inspec. Rigor mortis present.

Abdomen On opening peritoneal cavity, the surface of liver & ant. border of stomach look dark and dry, as from evaporation. The omentum is very fatty & vessels injected. Coils of small intest. slightly congested & there near the sigmoid flexure are smeared over with faeces. Colon is large, & in places of a dark red, almost black colour, and at two points in the descending part, gas & faeces escape. There is no fluid or lymph in the cavity

Thorax. Lungs very dark. A few trivial adhesions between the pleural surfaces: Heart small, mac. alb. at apex. Sub-pericard fat excessive. Rt vent empty. rt aur. contains fluid & clots. Margins of tricuspid thickened. Left vent presents nothing abnormal. The aortic valves are a little opaque, the corp. Aur. thickened. The left ant. & the post segment, where they should unite to the arterial wall, present a little intermediate fold or raphe which joints them to the aorta. Aorta atheromatous. In abdom part are one or two cal. plates.

Lungs, very carbonaceous, emphysematous, otherwise normal.

Spleen, of normal size, healthy looking.

Kidneys. Left a little smaller than right, capsule detaches, but leaves surface granular, & veins stell. marked. On section, colour uniform, red, organ firm. Right. presents similar appearance.

Bladder healthy; prostate not enlarged; a few calculi in it, (small)

Stomach M. m. dark & thin, covered with mucus.

Small bowel. As far as a middle ileum appears healthy. The lower part presents numerous small follicular ulcers, not very deep & m. m. about them not much injected. Peyers patches not involved

Large intestines

Liver, a little paler than natural & soft. Portal veins full. no tumuli, or signs of inflammation. Gall bladder full. D.C. Chol. femin.

CLXIII Phthisis 20/12/77

A. Gaskin. (Browne) at 18. Ill for 3 years.

Body that of a small, much emaciated girl.

Nothing abnormal in abdomen. In thorax right pleura peritoneal adhesions; left ~~universally~~ ruptured closed. Heart, about size of closed fist of the girl. Muscle substance pale. Valves normal. Pericardial sac is somewhat dilated. Lungs; right. The pleural surfaces are so closely united that the costal layer has to be removed, & even then the organ is perforated by the finger. When laid on the table it appears as a sac with flaccid walls, the part at the root alone is solid. On exam. the whole lung is excavated with the exception of a narrow strip at the root, in the anterior part and one large cavity occupies it; the walls are ~~made up~~ composed by apposed bare of the thickened pleura without a trace of lung tissue. Upon ~~the latter~~ are no bands passing across it. No large bronchi open directly into it. A smaller cavity exists at the posterior part of lower lobe, which has soft irregular walls, studded with caseous masses. The left lung is stuffed with tubercles (chiefly peribronchial) & small caseous areas but only one cavity. Spleen, of normal size, presents nothing abnormal. Kidneys, pale. no apparent changes in tissue.

Bladder unaffected. Uterus Mucous membrane swollen and contains 6–8 small slightly elevated tubercles, of a greyish yellow appearance. Fallopian tubes are swollen and firm & the right presents at its fimbriated extremity three ~~[illegible]~~ tumors the size of large peas; which are found to be full of a soft cheesy matter. The M M of Both tubes ~~contain~~ is thickened and appears ~~caseous~~ infiltrated with a white caseous deposit. The affection does not extend into the uterus. Stomach M. M. thin. Intestines. Peyer's patches much injected & swollen the individual follicles standing out as opaque white bodies; in some they have burst and ulcerated. In the ileum the affection is limited to the patches, which in their congested and tumefied state resemble the typhoid condition very closely. About the valve in the caecum the solitary glands are much enlarged, some of them ulcerated. In the appendix the M M is thinned; ulcerated at one spot, three consistent balls of faeces in the tube. A few ulcerated spots in colon.

Liver a little enlarged & very fatty

12/12/87

CLXIV. Fib. Polypus of Uterus. Abscess in Broad Ligament.

æt 35. Histy see C M Record. Vol VII. No 3

Body moderately emaciated. Nothing unusual in ext. examination. Abdomen. Liver extends in the Mammillary line 1 1/2 handbreadths below costal margin & 2 handbreadths below ensiform cartilage. Diaphragm on right side reaches 5th intercostal space. In thorax position of viscera is normal. A few adhesions of pleural surfaces. Heart, about normal size. Chambers and orifices natural (right anterior and the post. segment of ~~aortic~~ aortic valves do not directly join the arterial wall but insert on a process about 3''' in length. Valves otherwise healthy). Lungs present nothing abnormal. Spleen, a little enlarged; pulp of a dark brownish red. Kidneys, of normal size; firm, bases of pyramids congested. Ureters normal. Bladder. M M much congested, but not ulcerated. Near the fundus, a little

to the right is a round perforation, 1/4" × 1/4" through which pus flows. Uterus & Vagina; Body appears shortened; ~~and~~ The parts in the broad ligament of the left side are thickened and enlarged. On slitting up the Vagina a tumour is seen springing from the Os, and completely filling the upper third of the canal. ~~This~~ It is partly moveable and on opening the uterus ~~it~~ is seen to ~~spring~~ arising from the fundus and upper ant. wall by a peduncle, which narrows toward the os, ~~where~~ it terminates in the vaginal part of the tumour. This is about the size of a small lemon, irregular on the surface, not ulcerated, but at the lower part dark in colour & blood stained. To the touch it is firm & elastic and on microscopical examination it proves.

The pedicle is 1½" in length and is smallest at the attachment of the tumour. The body of the uterus appears a little shortened
The left broad ligament forms a thickened mass which on section contains several old abscesses full of liquid pus and lined by dark walls on which is a greyish membrane. There are 5–6 of these cavities, the largest equal in size to a small apple. This one has perforated into the bladder by a round orifice (The rectum or rather lower pt of sigmoid flex. is attached to the bd. lig. near the abscesses & is with difficulty separated)
Stomach presents nothing unusual. Intestines healthy. Liver weighs 6½ lbs; retains its shape but with rounded angles. Exceedingly pale. Large portions excised & placed in water float. On exam. loaded with fat. Very anaemic. Gall bladder contains 15–20 good size stones (with numerous facettes) & a clear somewhat viscid secretion. In the first part of the cystic duct a large calculus size of cherry is lodged completely obst. the canal. It is coated with lime salts. D.C. ch. patent. Bile flows from Pap. biliaris

17/12/77

CLXV Empyema

W. E. Duffin aet 34 Diag. Pleuritis

Body that of an average-sized, poorly nourished man.

abd. On opening this cavity the liver is seen to extend a hand's breadth below the costal border. Intestines natural looking. Peritoneum dry

Thorax. Right pleural sac full of creamy pus, 5 pints of which were removed. Both surfaces are rough & covered with greyish exudation.

Left pleura is normal. **Lungs**; right crepitant at apex and anterior border; rest of organ collapsed and airless. The posterior part of lower lower lobe is riddled with cavities which also extend to the ~~[illegible]~~ neighbourhood of the centre. Left, crepitant except at an area near the root which contains numerous recent cavities, the tissue about which is semi-solid

Kidneys, lobulated, but present nothing abnormal.

Spleen natural looking.

Liver, small, surface irregular, slightly puckered, especially in the left lobe. Gall bladder contains 12-16 stones, ~~half~~ mulberry ~~shaped & composed~~ chiefly ~~of which are the size of large peas~~, of pigment

Stomach. Veins of fundus full. M. M. pale, nothing abnormal.

Intestines. Ileum injected. No ulcers. Large bowel normal.

CLXVI Pneumonia

Thos McGowan. æt 40. adm. Dec. 11th died Dec 15th.

Body that of a moderately well built man of fair muscular development.

Position of abdominal viscera normal.

Heart. Looks large, rt. auricle and ventricle gorged with blood and partially decolorized clots. Some blood also in left heart. Walls of average thickness. Mitral valves gelatinous at edges. Aortic segments much fenestrated and somewhat opaque

Lungs

Rt. Whole of lower lobe is firm & airless, in condition of red hepatization, only at upper part is tissue becoming grey. It is friable & very red, pleura not involved. Upper lobe edematous. Left. lungs contains much blood and serum.

Spleen

Of moderate size, & presents nothing abnormal.

Kidneys.

large; cortices swollen & pale & dark red lines alternate with each other. Bladder & ureters normal.

Liver

Of normal size. Tissue dark red. central veins full.

Intestines

normal. Large bowel healthy

CLXVIIIX Phthisis

CLXVIII Heart Disease

W Smith at 40. adm. nov 6th. died dec 18th.

Body that of a large well built man. Oedema very slight abdomen intestines dark coloured. only small amt of fluid in cavity. In left Pleura 40z. of blood stained serum. Heart. Rt. auricle distended with clots & fl. blood. Rt. vent. some small clots. Left vent. large cavity dilated. measuring walls. in post. surface 3/4" Mus. papill. strongly developed. Mitral segments a little thickened Orifice. in circumference admitting 1 1/2 end fingers. Some of the col. carneæ are fibroid Aortic orifice. in circumference. Valves thickened and foreshortened, the right anterior segment particularly so. there are a few small vegetations on free borders. Valves measure.

Weight. 640 grms.

Lungs. right crepitant, though in spots firm and heavy resembling the spleen. In lower lobe numerous extravasations of blood. Left. crep at apex Lower lobe firm dark & airless - collapsed. at lower lower inwards the front are two small abscesses the size of cherries situated superficially. In ant part of this lobe are numerous extravasations

Spleen slightly adherent to diaphr. much pressed. On section firm capsule at one point is very thick

Kidneys Capsules adherent, surfaces finely granular. On section firm colour uniform. a good deal of blood in small vessels. Cortex not much diminished

Stomach & intestines show signs of passive congestion to slight degree.

Liver normal size. Small hepatic veins much congested

Case LXIX Duodenal Ulcer. 2/1/78

Burke. Clin History see.

Body that of a moderately well nourished man. Emaciation not extreme. Muscles of good colour.

On opening the abdomen the position of the viscera is seen to be normal. The stomach appears dilated. Lower coils of small intestine dark in colour.

In Thorax extensive adhesions exist between pleural surfaces of left side, none on the right. In pericardium about 2 ℥ of amber-coloured fluid. Sub-pericardial fat moderate. Heart: Right chambers full of blood, which has partially clotted. Valves and orifices normal. Left vent. contains a partially decolourized clot in the mitral orifice. Valves ~~normal~~ Aorta. Walls of normal thickness, very pale cream. fatty. Papillary muscles. mottled & the fatty streaks

Lungs crepitant throughout, moderately carbonized.

Spleen of normal size and good consistence. Pulp natural looking

Kidneys pale, only the larger veins full. Tissue apparently healthy.

Liver pale. not enlarged. looks somewhat fatty.

Stomach, considerably dilated, but not remarkably so, walls of moderate thickness, 2½‴ at 2″ from pylorus. Mm. pale of normal thickness

On examination.

The pylonic orifice is narrowed, admitting the little finger to the middle of 2nd joint. On being shut up along anterior border there is no special thickening but the mucous membrane is puckered & presents an elevated ridge. Circumference just outside ring 1½″ & this part is seen to be much narrowed than adjacent pts of stomach & duodenum. Immediately outside the ring, ¼″ from elevated ridge

of mucous membrane is an oval ulcer, 1" in length by 3/4" in breadth, extending in direction of axis of gut. It is deep, with round edges, which toward the upper & back part are much undermined, for fully 1/4". The floor of the ulcer is part-ly quite 1/4" below level of M.M. & is smooth, being formed in the lower 3/4 of the head of pancreas in the upper part by the muscular walls of gut but much of duodenum the peritoneal surface of which is puckered and cicatricial Immediately in the center of the floor is a small dark clear blood clot and consisting chiefly of fibrin. On injecting water through the hepatic artery, the clot was washed out from this and the water flows partly out the ulcer, through an opening a line and a half in the gastro-epiploon dextra. The edges of the opening are smooth. There is nothing else abnormal in duodenum. The pap-bl. is situated 2 7/8" from lower margin of ulcer. & the duct pass out on pissing gall-bladder. Small & large bowels. Otherwise normal.

CLXX Chronic Nephritis.

Thomas Ashwell æt 54 Died Jan 8 1878.

Body that of an average, aged tolerably muscular man
Rigor mortis present. Copper coloured cicatrices on antes. & numerous freckles on anterior and inter aspects of thighs, running in direction of tendinous muscles.

Position of viscera in abdomen normal.

On Thorax a few adhesions in pleura of right side, none on left

Pericardium contains an unusual amount of clear fluid.

Heart, weight 380 grms. Right auricle dilated. & contains blood & fluid clots

Lungs, right puckered at apex and pleura here thickened. Tissue soft & puffy. air-cells dilated - emphysema. Lower lobe heavy not crepitant - on section palled with a bloody serum Portions excised sink. Left lung. apex filmed upper lobe & ant. border of lower Emphysematous. Posterior part. anterior œdematous

Spleen 115 grms, capsule thickened and opaque. Pulp soft

Kidneys. Left 170 grms right 20

Stomach M. M. pale. at pylorus mammillated. rare easily
Intestines. normal.
Liver weight 1485 grms. consistence plus. surface finely granular
on section lobules of uniform colour. Gall bladder very full. D. C. Ch.
patent

CLXXI Lobar Pneumonia

General appearance. Body that of a large powerfully built muscular man. Rigor Mortis present.

On opening the Abdomen - position of viscera normal

In the Thorax the lungs do not collapse - no adhesions in right pleural sack. -

In left pleura the post. surfs are adherent by easily seperated bands

The pericardium contains 1 3/4 oz of clear citron colored fluid.

Heart - Rt. Auc. distended with blood & partially decolorized clots. -

Rt. Ven contains numerous colorless clots closely interwoven with

Tricuspid auricles large -

Walls of Rt Ven. a little thicker than natural

Rt Ven. Valves perfectly walking - walls of about normal thickness - colore of muscle good. -

Rt. Lung. Crepitant throughout; - peculiarly figured; - a small fissure extending across the ant. border, - Lower lobe has two small fissures on ant. surf. - Apex & ant. border of lung are Emphysematous - On section the lung contains a good deal of frothy serum & blood especially in dependant parts.

Lft Lung is divided into three lobes; the second division extending across the lower lobe - by an

crepitant in upper lobe and ant. border of lower -
Rest of organ solid. in the condition of
the section of solid part a condition of red hepatization. The pulmonary plugs are well marked and large, no plugs in trunks
Rt lung weighs 765 grms. Left lung 1480 gr.-

Spleen a little enlarged and very soft. Adherent to diaph. Capsule thickened and fibroid. Section pulp like currant jelly

Kidneys of normal size, pyramids congested. Capsules detach easily, surfaces smooth: no fibroid change.

Bladder & ureters healthy

Stomach at Cardia & P. M. almost hemorrhagic, indeed in places it is infiltrated with blood. Towards entero pylorus the redness is not so marked, & the spots are scattered. There appears to be no disease of the large veins. At P. M. in other places pale. & thin, & is covered with a thick gelatinous mucus.

Intestines appear normal.

Large Bowel. slight congestion of whole extent. No affection of mucosa.

Liver. large. & in a state of moderate fatty degeneration

N.B. This man had been a hard drinker for 18 years & yet presented to all of healthy set of organs the liver excepted. No arterial degeneration.

Brain carefully examined. (he had been delirious, vide D.D.) but no lesions met with

Wm McDonald. Emphysema. Salmon Circulation
Tubules & Cyanide Ct 7. Am. died 3.30 P.m.

CLXXII Cancer of Œsophagus & Vertebra 14/1/78

-- Fraser at 59

General appearance. Body extremely emaciated. Bedsores on back in lumbar region & over shoulders, & hips

<u>Abdomen</u> much sunken. viscera small. Nothing abnormal in cavity

Thorax Delicate adhesion in left pleura, a few in right. Pericardium empty.

<u>Heart</u>" small. sub-pericardial fat in moderate amount. Chambers of right side contain a little blood & one or two small clots. Those of left almost empty. Orifices & valves normal.

<u>Lungs</u>. moderately carbonized. Crepitant throughout, except left base which is heavy sodden & airless, containing much blood & serum.

<u>Spleen</u> small, pulp very soft, & of a light brown colour.

<u>Kidneys</u> of normal size. capsules detach easily. On section cortex <u>pale</u>. pyramids congested

<u>Liver</u>. under size. pale.

Œsophagus.

Stomach. Just at the cardia is a white elevated ridge in the mucosa by . M.M. pale covered with shiny mucus.

<u>Intestines</u>. present nothing abnormal.

<u>Brain</u>. Convolutions appear wasted, sulci wide. Arachnoid over them opaque. Venae ppia full. Nothing abnormal in ventricles. Thal. opt. are united over the 3rd, which is in consequence very shallow.

Spinal cord.

12/1/78

CLXXIII Intra caps. Fracture, Interstit. Neph. Old emphysema ~~pneumonia~~

John Newbold. at 73

Body that of an old man, moderately wasted

Abdomen a good deal of fat about omentum and mesentery. position of viscera normal.

Thorax, on opening lungs do not collapse, both overlap the pericardium & are emphysematous. Many adhesions to both sides, almost universal. On separating them of the right a sac of pus was opened, situated at the posterior part of the lower lobe & between its under surface & the diaphragm contained about 3/4 of a pint of creamy pus. The walls are much thickened, greyish-white in colour; the lung in neighbourhood is collapsed & indurated.

Heart. Sub-pericardial fat abundant. Organ both of natural size & is soft & relaxed. Blood and clots in right chambers. valves all little thickened. Tricuspid orifice admitted three fingers to 2nd joint. Left ventricle large, but very slightly hypertrophied. Mitral valves a little thickened. apices of papillae. fibroid. Aortic semilunars. atheromatous at attached borders, & along per margins. Aorta not dilated. a few patches of atheroma. not at all extensive

Lungs moderately carbonized. Emphysema of upper lobes & anterior borders. Portion of right collapsed & compressed by the emphysema a few fibrous bands seen in this portion

Spleen capsule fibroid. substance exceedingly soft.

Kidneys left. weight small, capsule when detached leaves a fine granular surface & numerous irregular tubiform elevations of the substance. In section cortex much diminished not more than 1½" in thickness all arteries very prominent. Pyramids. at apices streaked — tubes filled with urates &c.

Right not so small, but capsule more adherent. surface presents

same irregular smooth nodosities + fine granulations. On section same appearance as other organs

Stomach contains some liquid food + much slimy mucus M.M. thin + pale

Intestines. present nothing abnormal. Solitary + agminated glands of Peyer very distinct

Liver small + firm but not tub-nated. Gall bladder full

CLXXIV Typhoid Fever. P.M. 7 hrs after death.

– Archibald. Body that of a slightly made man. Hair reddish. On opening abdomen. the Gall bladder is seen attached by to the Omentum. Trans. colon passes low down near pelvis with its concavity upwards.

Heart. 220 grms. - No clots. Valves and chambers normal. Rt. auricle distended with blood. other cavities empty.

Lungs crepitant throughout. No congestion. Appear. normal.

Spleen. Of normal colour, soft. 5½" long. 260 grms.

Kidneys Left. 285 grms.; long. rather soft. Cap. tears off easily. Colour dark reddish; mottled. On section appears uniformly congested. Ecchymoses on M.M. of pelvis Right. 255 grms. exactly same condition. Bladder full.

Stomach. M.M. dark in colour + contains much blood.

Intestines. Val. con. dark in colour, specially along tips. Peyers patches ulcerated for lower 3 feet of ileum. Ulcers are deep, extending in some through the the peritoneum

Liver 1920 grms Consistence good. looks normal.

CLXXV Phthisis 21/1/78

Mrs Wyatt. at 50. Body much emaciated

Portion of thoracic viscera normal.

Heart Valves & orifices normal. Left ventricle appears a little hypertrophied. A good deal of sub-pericardial fat.

Lungs R. 1025 grms. Numerous tuberculous masses through the whole organ; ~~and~~ cavities at the apex.

L. 645 grms. In same state. a large cavity at apex, size of hen egg. the pleura over it very thick and leathery. In many tuberculous nodules through lower lobes.

Spleen appears normal. weighs 150 grms.

Kidneys. R. 100. L. 80. present nothing abnormal.

Ureters and bladder normal.

Nothing special noticed in Stomach or small intestines. In the Colon about. ~~is~~ a large cicatrix from ulcer, extending around the gut.

Liver very much enlarged extending from margin of 6 th rib to 1" above crest of ileum. Left lobe extends as low as umbilicus Organ much flattened from before backward. On upper surface of rt. lobe is a large cyst, the size of an orange, with thickened walls. filled with putty like matter of an orange yellow colour. No other cyst. Organ amyloid. Weight 1380 grms

CLXXVI Stenosis of Pulmonary Artery.

at 4 months.

History

General appearance

Body that of a well nourished child, of average size for its age. Skin of face slightly congested.

Abdomen Nothing special noticed in opening this cavity.

In Thorax no fluid in pleurae. No adhesions. Pericardial sac large, when opened no fluid in it. Greatly hypertrophied heart.

Rt. auricle very large & distended with blood, appearing as large as a small orange. When opened a large clot removed. From apex of appendix to opposite wall measured 6.c.c From fossa ovalis to op. wall 5 cent. a small billiard balls pt must Trabeculae much developed in both auricles and appendix: none upon septum auric. The foramen ovale is almost closed, only a narrow oval slit remaining. The auriculo ventricular ring is very marked The tricuspid ripie from the auricle looks small the valves thick and roughened presenting in spots reddish gelatinous swellings From this ~~surface~~ ridge only two segments are apparent, a large anterior and small posterior. Length of ripie 1 C. 4. M; diameter 7 m. From the ventricle the segments of the valves appear contracted and thick, the edges red & swollen. No small pedunculated vegetations, observed, as seen in edge

Free edge of valve measures m.2
of posterior segment. Chordæ tendineæ much thickened and shortened, only six or seven being seen. The two near the septum vent. are particularly thick and short.
Rt. ventricle; cavity small, length from pulmonary valve to apex 4 C. Endocardium very thick and opaque. The cavity projects at the upper part, towards the left ventricle; the septum is complete. The col. carneæ & musc. papill. are very slightly developed, but small pits can be seen over the vent. surface.
The conus arteriosus is contracted measuring only 1 3/4 C. in circumference, close to the ring. Great difficulty was experienced in passing a probe through the
Pulmonary orifice, and in shutting up the artery it is seen that the segments of the valves have united leaving only a narrow chink or slit, through which a No 8 Bonnets probe can be passed, measuring 9/10 m in diameter. This is the largest which can pass easily through the orifice. The margins of the valves are fibrous, and the edges of the tiny orifice from outside the the fibrous borders of the segments the segments are swollen & red.
The sinuses of Valsalva are large, appearing dilated
Circumference of pulmonary artery 1/4" above valves, 2 1/2 C. No disease of coats except at one spot near D. arteriosus where the intima is a little roughened. Orifice of D. art. size of small pins head and a fine probe can be passed through it.
Left auricle of proper size. Walls thin. Small quantity of blood in cavity
Left ventricle appears from outside much smaller than the right
Length of chamber from centre mitral apex 4 C. Mitral valves thin, quite healthy. Orifice of normal size
Aortic valves competent, normal. Vessels healthy & of normal

1/2" above valves 3 cc in circumference

Inf. A small funnel-shaped dilatation at orifice of D. arteriosus ~~which~~ is much larger here than in the pulmonary artery.

General measurements:

Circumference of heart at base	13 C. 3/4
Circumference of right ventricle at base	8. C.
Length of right ventricle — — — —	5. C.
Rt. vent. Thickness of outer wall at base to behind posterior segment of Tricuspid	1 8/10 C.
Ant. wall close to septum	1 1/4 C.
Close to the septum, where the incision has extended from the chamber to apex — — ——	2 3/4 C.
Posterior wall, midway between apex & base	1 1/4 C.
Left. Ventricle	
Anterior wall near septum	1. C.

CLXXVII

18 hrs P.M.

Sudden ät. 48. a large, somewhat corpulent man.

History

Brain. Sinuses of D. mater full. Pach. granulations large. & numerous. Arachnoid a little cloudy over the sulci. Veins of Pia mater & cortex full. Small vessels over convolutions are also injected. Arteries at base are full of dark blood; here & there they present slight patches of atheroma. No lymph about membranes. Nothing abnormal noticed about the ventricles. Brain substance soft. On section of hemispheres white substance not as clear as usual. Gray matter natural looking. No spots of degeneration found on carefully slicing whole organ &, the ganglia at base. On lobus right side of right optic tract just.

Spinal cord Nothing abnormal about Dura mater. On the pia mater just above the lumbar enlargement on the post side is a small spot of opaque white matter looking like lymph. It is estimated as not larger than a split pea.

On section substance appears healthy.

In abdomen cuts intestines bind. Omental and mesenteric fat excessive.

In thorax. left pleura per right partially obliterated by old adhesions

Heart. 3 1/2 oz clear fluid in pericardium. Sub-peric. fat moderate. Chambers and valves normal. Slight atheroma in intima of arch.

Lungs right crepitant throughout. Left crepitant at apex of upper lobe The lower 3/4 of lower lobe is heavy, very dark in colour and in section it is seen that extravasation has taken place into a considerable portion of it, especially beneath the pleura on the posterior surface.

Spleen a little enlarged very soft. pulp semi-diffluent.

Kidneys of average size. Capsules detach with slight difficulty leaving a rough granular surface, in which the remains of the lobulated condition of the organs can be plainly seen. On section cortex a little wasted. pyramids engorged

Liver of average size, slightly fatty.

Stomach large. presents nothing abnormal.

Nothing special noted in the intestines.

A bone body was found in the peritoneum near the caecum. It is round smooth, about the size of a large marble, and consists of caseous matter, partially eclipsed, surrounded by a fine capsule.

CLXXVIII Fracture of Skull. 50 hrs P.M.

R. L. Med. at 60

Wound 2" long crossing mastoid process of left side obliquely. Ear of this side slightly wounded. Contusion over right parietal bone (when he fell on his head in the ice, when knocked out of the sleigh).

On stripping off the scalp a dent 3‴ by 3‴ seen in the mastoid process of temporal on left side. On the right side a long straight fracture is seen extending from through the lower half of the parietal bone, the squamous portion of temporal (after removal of calvarium) is found to extend into the greater wing of the sphenoid, about 5/8" in length.

Dura mater normal. When removed, about a tablespoonful of clotted blood is seen upon the outer side of the left frontal & the lying upon the pia mater covering the 2nd & 3rd frontal convolutions of this side. After removal of the brain & pouring a stream of water to remove the blood from the surface, the extravasation appears to have proceeded from the vessels of the pia mater upon the 3rd left frontal convolution, immediately above the ascending branch of the fissure. At this point the pia is infiltrated with blood & coagula which cannot be washed off but a stream of water. At the base of the brain, small coagula are seen above the olfactory bulbs & nerves, in the sulci in which they lie. A small clot also exists just in front of the optic commissure; perhaps it fell there on the removal of the organ. On the inner side of right hemisphere there is a small extravasation extending into a sulcus.

Softening abnormal in the brain substance & ventricles. The sulci in the centers are deep. The arteries at the base very atheromatous.

CLXXIX. Aortic valve disease. Riddocks. case.

History.

Heart.

Aortic valves. Circumference of ring 9 4/10 C. Two valves only are seen; the right anter & the posterior segments having fused together forming one large valve measuring along border 4.6 C. Left ant segment measures 3.6 C. Upon the vent. surface the united segment is a little roughened near the centre and is here thickened. A depression is also seen at the attached margin. A slit-like depression is seen below the free margin of what had been the post. segment, near the right ant; looking like a ~~partially~~ closed & partially filled up. fenestra. On the attached border of right ant segment & left ant segment there is a nodular thickening. The body of these valves except in the middle is translucent. The Left Ant segment is a little opaque & thickened but otherwise normal. From the aortic side, two distinct semi-lunar valsal-ae seen but the median raphe only extends half way up the united valves spreading out in this situation into irregular folds. There is some atheroma about the orifice of the coronary arteries. The calibre of the arch & iliacs is normal.

CLXXX Aneurism of Aorta.

Mrs at . Woman in moderate circumstances. Married only a few years. Never had a living child, had miscarriages Symptoms of aneurism for . Died suddenly app. of syncope Body well nourished. Nothing special noticed in superficial examination

Abdomen. Omental fat moderate. Intestines dark coloured & very offensive

In Thorax on removing sternum a tumor is seen immediately beneath the manubrium and sternal jut. Head it can be felt evidently into the left pleural cavity. Right pleura free from adhesions Left has a few at posterior part.

Lungs Right crepitant throughout; a few six-eight nodular masses the size of split peas seen beneath the pleura. They are solitary in section centres of lardaceous caseous, small nest uniform grayish. Left. post part of upper lobe is compressed and does not crepitate. Two puckered spots are seen in inter aspect of upper lobe; in section they are filled with small caseous masses, encapsuled with grey fibroid tissue. In their neighbourhood on the pleura (or rather beneath it) are a dozen or more masses like these in the other lung. At the lower and outer border of upper lobe(?) is a wedge shaped portion of lung tissue grayish in colour airless and in section made up of nodular bodies surrounded by condensed lung tissue. Some of these are caseous in the centre. Others are pure translucent throughout -

Heart and Aneurismal tumour removed together

Heart, not enlarged, looks small compared with the huge aneurism in connection with it. Rt. Auricle contains blood and clots. Endoc. stained. Rt Vent normal size. Walls flabby. Papillary tubes healthy. Pul. artery about 1½" beyond the ring the aneurism has eroded the walls which is perforated in a space by , the fibrin of the sac projects Left auricle small. Left Vent. Chamber not dilated Ant. wall thick. Valves normal. Aortic competent Aorta

Mistake - Left. (20 hours approx)

CLXXXI Morbus Cord. Embolism Rt. Mid Cereb.

Durey æt. 49 died.

Body that of a tall well nourished woman. Pan. adip. moderate.
Abdomen. Posit. viscera normal.
In thorax, right pleura obliterated; adhesions very firm & dense toward the diaphragm, at posterior part thick, 3''' and cartilaginous.
Left pleura free.
Heart greatly enlarged. Sub-pericardial fat in moderate amount. Patch of attrition on rt. vent. Rt. Auricle full of clots, which are decolourized at upper part. The chamber is large. Tricuspid orifice is small compared with the size of the right heart; it admits three fingers to middle of 2nd joint (scarcely). Rt. Ventricle contains partially decolourized clots, interlaced with mus. pectinate. Walls moderately hypertrophied. Tricuspid valves a little thickened and the segments united nearly to the tips. Pul. valves normal. Left Aur. large; full of blood & clots. Endocard opaque. Cavity would hold a small orange. Mitral ring much narrowed admitting the little finger to the first joint. Walls of auricle moderately hypertrophied

Left ventricle is large. the chamber dilated & the walls hypertrophied (Measurements were not taken as the organ could not be taken away). Mitral valves much thickened and shrunken forming an oval orifice to the margins of which the contracted chord. tendineæ are attached. Aortic valves competent, the segments a little thickened and opaque. Aorta itself not atheromatous. Vessels of the arch normal.

Lungs present signs of bronchitis simply, and are engorged at bases.

Spleen.

Very irregular in shape, a large circumscribed nodule projecting from either end. Organ very firm and resistant. Signs of old infarcts & the contracted portion at upper end appears to have been produced by the contraction of one.

Kidneys. little fat all diminished in size. Capsules detach with difficulty. leaving very much superficial nodules coarse. Organ very firm. On section cortex a little diminished. a large hæm. infarct in upper part of right organ.

Liver looks small, and to the touch is firm but not cirrhotic. Radicles of hepatic veins much engorged

Stomach & intestines appear normal.

Brain. Nothing abnormal about dura mater or arachnoid On removing the organs and inspecting the cortex it is seen that the vessels in the convolutions of the left side are fuller than those on the right. The convolutions bounding the horizontal branch of the right sylvian fissure look grayish red in colour and are softer than the others. This condition is confined to the parietal convol. in the neighbourhood of the fissure, the anterior occipital & those of the temporo-sphenoidal lobe bounding the fissure below. On scanning the rt. sylvian fissure. This condition is seen in the convolutions of the outer half; those of

the central lobe do not appear affected. On slitting up the right middle central artery an embolus is found plugging it at the first bifurcation. It is united to the intima, but can readily be separated. The clot is (partially) decolorized at the centre, blood red at the extremities which project for about equal distance into each secondary mass branch of the r. m. c. In the first division of the st branch a second plug is seen, smaller and with tapering extremities

The convolutions supplied by these arteries were reddened & soft, especially the grey substance, the white matter did not appear affected The former has lost its consistence - expanded into corresponding convolutions on opposite - and presented a punctate red colour - in a condition of red softening. Nothing abnormal about the ventricles or other parts of the organ.

5/2/77
8 hrs p.m.

CLXXXII Rheumatic Fever. Pneumonia

T. Riddel. æt 18. a stout well built lad. In Hospital

Skin of chest, face, and dependent parts livid

Brain Skull &c contains a large quantity of blood & the same oozes plentifully from the diploe. Sinuses of D. mater full. Arachnoid clear. Vessels of pia mater gorged, whole membrane of dark red colour. Parts about base normal. Section of whole organ contains a large quantity of blood, but nothing else is noticed.

In abdomen position of viscera is normal.

In Thorax - No fluid in either pleura. No adhesions

Pericardium ~~sheath~~. Visceral & parietal layers smooth, pervious & quite opaque, but no lymph.

Heart of normal size; right chambers full. Valves normal Tricuspid orifice dilated, admitting my (r.h.) four fingers to the middle 2nd joint. Left aur. natural looking. Left ventricle a clot obstructs the mitral orifice; valves normal. Endocardium translucent.

Lungs. Traces of pleurisy in the left at posterior part of upper lobe and in the fissure between them. Both pleural surfaces of both lungs are innumerable ecchymoses (o O), most abundant on post. surfaces & along the borders of the fissures

Right Lower & part of upper, post part of middle & whole of lower lobes firm & solid and almost airless, a slight pulmonary crepitation being felt in parts. Portions from the deeper parts sunken on section surface bathed with bloody fluid, tissue dark & firm

uniform, not granular, looking very like a secondary glioma

Left lung; lower lobe & small part upper in same condition as the right. Bronchi filled with pultry fluid. Bronchial glands enrolled, & red

Spleen much enlarged, weighs 670 grms. 2 oft. — sc. splenic tumour

Kidneys R. 185 L. 184. hyperæmic, coarse looking.

Stomach, contains dirty yellowish fluid. Ry. M. dark in dependent parts. Large veins full.

Small intestines. Solitary glands very distinct in ileum. Veins & submucosa full.

Large Bowel. Sol. glands well marked in cæcum. No alteration in mucosa.

Liver Of normal size, dark in colour, veins (hepatic) full Substance appears healthy. Gall-bladder is large and adherent to a considerable extent to the transverse colon, but can be easily separated. Bile thin, pale straw tint. D.C chol. patent

Nothing abnormal about ureter bladder ut, retro peritoneal structures.

8/2/77 24 hrs P.M.

Hyp: Card.

CLXXXIII. Hæmorrhoids - Operation. Septicæmia.

- Hunting at. Piles removed by cautery. - one tied - 5 days before. Chill two days before death.

Body that of a large, well made man. Nothing unusual on external inspection.

Abdomen. Omentum and mesentery loaded with fat.

Peritoneum serous normal.

In thorax, a few adhesions in pleura. - no fluid.

Pericardium presents nothing abnormal. - but pericardial fat in moderate amount over ventricles abundant over base of auricles.

Heart. ~~Subpericardial fat~~ etc. Organ large, weighs.

Rt auricle full of semi-coagulated blood. Endocard deeply stained.

Rt vent. large, contains blood clots. length 9.9 C.. Ant wall 1.4. Pulmonic orifice 14.5 C. in circumference (only orifice 9.C. valves normal) valves thin & normal.

Left auricle appears about normal usually. Left Ventricle both dilated & hypertrophied. Length 10.1 C. from auric ring to apex. Anterior wall - midway) 1.9. Posterior 1.6 C. septum 1.4. Muscle substance a little pale. Endocardium not stained as much as that of Rt. vent. Mitral orifice 13. C. valves a little thickened, but not contracted, attenuated at base of ant. segment. Aortic ring 8.4 C. Aortic valves. competent. Segments thickened and opaque; the posterior are atheromatous and calcareous at attached border. Aorta not dilated. Scattered patches of atheroma in intima, extending down to the bifurcation: they are not excessively numerous. In small arteries, radials & temporals, are firm and calcareous. Viscera of the abdomen seem do not appear unusually so.

Lungs congestant - throughout; a little emphysematous at bases. No embolic infarcts.

Spleen a little smaller than natural; firm and of a dark reddish brown colour. No old infarcts.

Kidneys. R. weighs . capsule tears off easily leaving a tolerably smooth surface, which is also pale.

CLXXXIV. Chronic Inter. Neph. Ac. Pneumonia. Hyper. Card.

cet

Body that of an averaged sized poorly nourished man. Legs adematous. Scrotum swollen, old cicatrices on left leg. abt ankle.

Abdomen no. fluid, scarcely increased. Position of viscera normal, though stomach extends low down & is distended.

In Thorax 75 ozs of tinted serum in right thorax which fluctuates freely, none on left.

Pericardium still contains very little fluid. Patch of adhesion in right vent.

Heart very large, weighs 5·75 grms. - a large red beefy organ

Left auricle, small, distended with blood and clots, which are colourless at upper part. Rt ventricle large. length from fundus to apex 10 C. Ant. wall. 4 C. Col. carneæ very distinct & developed. Tricuspid orifice 14.5 C. Valves normal. Pul. orifice 9.6 C Valves healthy. Left auricle full of clots, which pass thro the mit orifice and fill the left vent. and which cavity there is a small laceration of coagulum which is continuous with one in the aorta. Walls greatly hypertrophied. Ant wall. medium between apex & base 1.9 C. posterior 1.5 C. Septum 2.1 C. Length of cavity 10. C. Mitral orifice 10.4 C. Valves thin & healthy. Aortic orifice. 8.3 C. Valves competent & normal. rt. Sinus of Valsalva very deep. Arch not dilated; intima & coronaries a few patches of atheroma & they also occur scattered over the thoracic and abdominal portion they present flattened yellowish swellings - not calcareous.

Lungs. R. weighs 1125 grms. Pleural surface injected and

covered over with a thin layer of false membrane, a small one existing in the costal leaf. Upper lobe in its posterior 3/4 of its extent is in condition of hepatization ant. portion is collapsed the post border alone crepitant. Middle lobe is collapsed whole of lower lobe, with exception of post. border is solidified. On section of these hepatized areas the surface is red, here & there mottled with small colourless areas; a large quantity of purulo-sanguineous fluid bathes the ~~surface~~ section. On close inspection the fine granules can be seen plugging the air cells, most of them still red, a few greyish white in colour. Bronchi are full, do not contain casts.

Left lung. weighs 5·75 grms. Crepitant throughout. Does not contain an unusual quantity of blood in post pts. Ant. organ in section even dry. No oedema of the organ. A few spots of collapse in lower lobes, and one or two very dark areas, looking like spots of hyp. Spleen small firm & hard. On section trabeculæ distinct.

Kidneys R. 121. L. 120 grms. Organs small. Capsules, ~~adherent~~ pulled off leaving ~~surface~~ surface, but show dark red granular surfaces, in which the remains of the primitive lobules can be plainly seen. Granules are fine but very evident. On section. Organs congested. Cortex diminished, in places very much so. The columns of Bertin dipping in between the pyramids seem large. Arteries very prominent at bases. On surfaces. small cysts are seen here & there and. . Bladder & ureters present nothing abnormal.

Stomach & intestines present nothing special to note. Large bowel. Mucous normal. Liver, not diminished in size. - nutmeg. D.C. Chol. patent

Brain nothing abnormal. Arteries at base a little thickened but ~~not~~ not markedly atheromatous

CLXXXV. Fract. Patellæ. Thrombosis Art. pulmonal.

J. a. æt 49. a powerful large man. received a fracture of the patella that week before his death. He was going on very well when symptoms of pleurisy & some affection of the lung developed & he died suddenly & unexpectedly on the night of the 14th.

Body that of a large muscular man. Rigor mortis present.

On examining the patella it is found to be fractured in a transverse direction and union by fibrous tissue, (not firm but easily torn) effected The under surface is rough and the cartilage from the lower end of some much injured, in spots almost haemorrhagic and the edges of the folds are also infiltrated with a greyish yellow serum.

Abdomen Contents of cavity normal.

Thorax. about half a pint of turbid serum in left pleural cavity. Lungs adherent about the hilus

Heart. Rt. auricle contains grumous blood and globules of fibrin which are decolourized at upper part. The chambers are not distended. The endocardium is stained.

Rt. ventricle contains a small tolerably firm clot (intervowen with the chordæ tendineæ) and a little dark blood. Valves & orifices normal. On slitting up the pulmonary artery a firm thrombus is found in the vessel before it bifurcates, at this point it is not closely united to the wall but in its extension when it passes into the rt. & left branches it is so but does not entirely fill up their lumina of the Its red colour & firm, evidently antemortem not post-mortem.

Left auricle contains a small quantity of serum-coagulated blood. Left ventricle. a small clot in the natural orifice

and extending into the aorta. Valves and orifices normal. Endocardium blood stained

Pleura. Rt right side over lower lobe. patches of lymph & the membrane beneath is injected; parietal layer also affected. One or two small areas in pleura of upper lobe. Left pleura unaffected.

Lungs. Upper lobes crepitant and of good colour, particularly in front. The lower lobes and especially the posterior part are heavy & slightly crepitant, and are dark in colour. There are no small localized infarctions such as are met with in pyaemic pneumonia. On section a considerable amount of bloody serum oozes from the cut surface. In one or two places the tissue is dense & firm as if becoming hepatized. Very many branches of the pulmonary artery are filled up with thrombi; more are seen in the right lung than the left. They are dark reddish brown in colour. and adhere in places to the walls.

Spleen a little enlarged & soft.

Kidneys large. capsules detach easily. On section cortex coarse

Liver presents nothing abnormal. The V. centr. are full.

Nothing abnormal in stomach or intestines

CLXXXVI Phthisis.

I. L. at 38 y. male.

Much emaciated. Slight pallor.

Abdomen. Intestines shrunken. In ileum a few reddened patches in peritoneum

In thorax. left lung universally adherent. right pleura at extreme apex

Heart. Pericardium contains a few 3s of clear fluid. Pale fatty patches upon right ventricle. Organ itself small. Right auricle full of clots, colourless on surface. Rt vent. also contains clots which extend into the pulmonary artery. Tricuspid orifice much dilated, admitting 4 fingers. Valves normal. Left vent. presents nothing abnormal. Valves healthy, a small patch of atheroma on post segment of aortic.

Lungs. Left. Section through it from apex down reveals a series of communicating cavities occupying the entire upper lobe; the largest would hold an orange. The lower lobe is almost entirely airless being studded with caseous tubercles many of which are softening. The lower pale border is pink crepitates slightly. Right pale in volume upper lobe emphysematous. Numerous nodules throughout it. In section these are found made up of groups of tubercle which in some are still distinct in others they have merged to form caseous masses. None of them have softened. Bronchial glands softened. Spleen small. Kidneys pale. Nothing unusual. Liver small. nutmeg. Stomach pale. No ulcers. In intestines only one small ulcer in ileum. Peyer's glands not swollen. Large intestines normal.

CLXXXVII. Necrosis femoris. Embol. of Sup Mesenteric & Branches of Caliac Axis
J. S. an Alderman. ætat 78(?), ~~brought to the~~ in hospital for
Symptoms.

Body that of an old but fairly well nourished woman. Belly very protuberant; Skin harsh and wrinkled. On the inner aspect of left femur there is a depression with a sinus leading to a necrosed portion of bone

Abdomen. On opening this cavity instead of finding, as was expected, a quantity of fluid to account for the distension, the small intestines were much dilated and only about a pint of hæmorrhagic serum moved. There is no evidence of any inflammation of the peritoneum. The coils of small intestines are placed swollen, distended and of a livid colour, not the bright tint of inflammation, but that due to prolonged and severe passive congestion. On careful inspection it is seen that this coloration does not extend to the whole length of the gut, but just beyond the pylorus is of a natural appearance also is that part in the vicinity of the ileo-cæcal valve. The position of the diaphragm was very high, corresponding to 3rd interspace. Stomach is moderately distended. Large bowels contain gas.

Thorax. Pericardial fat abundant. Pleural cavities small. Lungs present adhesions. No fluid.

Heart of average size, & dark brownish red in colour. Rt auricle full of dark clots, which extend into ventricle. Valves & orifices normal. In left chambers small quantity of blood. no pus

clots. apices of musc. pap. fibrid. musc. substance of vent. of normal thickness. Mitral valves a little opaque & firm than usual on the auricular surface is a row of fibrinous vegetations small ranging in size from a pins head to a small pea; they are soft & rather firm and are pedunculated & quite loose. Aortic valves a little thick. & atheroma. at bases, & corp. Arantii. Aorta not dilated, intima contains scattered patches of atheroma down the whole length. a recent soft coagulum. dark mottled partially fills the thoracic portion. The vessels was removed with the stomach liver duodenum & mesentery & its branches carefully examined. Coeliac axis. The splenic artery about 1" from the hilus is occupied by a firm, brownish red clot. which extends into the branches and far into the substance of the organ. The gastric artery is pat. The hepatic is obstructed, especially the right branch, by a clot. which extends 1½" in length beginning about 1/4" from the bifurcation in rt. & lft. hepatic. The clot extends into the right branch. Superior mesenteric artery. Beginning 1/4" from its origin and extending it all the primary branches is a firm brownish yellow clot. When the vessels is opened it extends for 1¼" to the main bifurcation of the vessels & internal to it, a thin ramm coagulum adheres. Before the main fork is reached six smaller branches are given off all of which are plugged, some for the length of an inch & others not so much. In tracing down the main branches two of them contained firm plugs in 1/2 of their length & at a distance of about 2" from the border of the bowel.

24/2/77 125

CLXXXVIII. Duodenal Ulcer. 18hrs p m.

William Workman. ætat 72.

Body much emaciated. slight rigor mortis.

abdomen. Peritoneum somewhat dull & lustreless, not injected about two pints of turbid fluid mixed with lymph removed. The inflammation, judging from the amount of lymph - is most intense about the neighbourhood of the gall bladder & liver. Position of the viscera normal. Stomach appears dilated

Thorax. Pleura free from adhesions; no fluid. Pericardium contains about ½ oz of clear serum.

Heart presents nothing abnormal. Valves in left side a little opaque and athermatous. Coronary arteries calcareous.

Lungs crepitant throughout, at the base of the left there is slight congestion

Spleen, of about normal size, dark brownish red in colour.

Kidneys, of average size. Capsules detach with slight difficulty & the surfaces are a little puckered. To the touch resistance is somewhat increased. On section they do not present any very evident changes.

Liver is ~~atrophied~~ slightly diminished in volume, & presents an early stage of cirrhosis, the lobules being distinctly marked.

Gall bladder much distended. D.C. chol. pervious.

Oesophagus presents at its terminal portion and oral area from which the mucosa has been completely digested, & the coats almost perforated, the loss of substance extend about ½" in length ½" in breadth. In the centre of it only the peritoneal coat remains It extends to, & not into the cardia.

Stomach is moderately dilated & contains about a half pint

of dirty dark fluid, smelling strongly of gastric juice. The mucous of the whole organ is pale, that of the fundus thin, owing to the digestive action of the fluids. That of the pyloric zone is thick, not covered with adherent mucus, but presents numerous mammillations - evidence of chr. catarrh. On examining the pylorus it is found that the tip of the little finger can just enter the orifice, passing as far as the end of the nail. On slitting the orifice & the duodenum beyond it the following is the condition:- The pylorus itself is not thickened; it presents a prominent ring, but not more so than is frequently seen. Immediately beyond this

26/2/77

CLXXXIX Enteritis (?)

J.C. an old woman aet. 78(?) brought into the hospital suffering from diarrhoea to which she succumbed within 48 hours.

Abdomen. Coils of intestines a little relaxed, no fluid. Position of viscera normal.

Thorax. a few trifling adhesions on either side. Lungs Heart: sub-pericardial fat in considerable amount. Muscle substance of dark red colour. Rt auricle contains grumous clots. Rt vent. a small decolourized one. Mitral valves thickened and gelatinous at free edges, one segment especially so. Pulmonary valves competent, corp. arantii very prom. ent. Left. vent. walls look a little thicker than normal. Mitral valves gelatinous at edges, & aortic segment very attenuated at one. Aortic semi-lunar valves thickened prom, the corp. ar. plmd. Aorta in arch slightly atheromatous, more in thoracic portion. In abd. just when coeliac axis is given off there is a slight calcareous projection, the size of a large pea. at the bifurcation is a similar slight mass.

Lungs present nothing abnormal beyond slight emphysema

Spleen very small not two inches in length, capsule puckered. On section trabeculæ distinct; pulp dark brown.

Kidneys small. capsules detach easily. On section proportion between cortex & medulla is maintained, but the vessels at base of latter are unusually distinct & prominent.

Supra-renal bodies are large the cortex about them much blood stained. On section they are dark blackish red in colour, mottled with yellow. - looking extremely like a fresh infarction. No distinction between cortex & medulla

Liver wasted, not carnhotic, capsule over gall bladder & adjacent parts fibroid. On section surface uniform dark brownish red in colour.
Gall bladder full, D.C. chol. pervious
Stomach contains a small quantity of curds. Its m. looks natural. On its greater curvature, and side are two dusky pigmented lymphatic glands, two others are seen in neighbourhood of oesophagus. & those in the portal fissure are also intensely dark in colour.
Duodenum. About 3½" from pyloric ring a round opening seen about ¼" in diameter into which the thumb passes freely for as the first joint. The M.M. together with vol. commencement is continued into it & it appears to be a simple diverticulum of the portion of the bowel. The D.C. chol opens into it at its right side. The M.M. of upper ileum thickened & the vessels are moderately full. Large bowel full of fluid faeces
Ileum, small. carcinoma in portion & filled with glairy mucus.

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CLXC Ch. Intestinal Catarrh. Tabes Mesenterica.

Prot. infant aged 14 months.

Nothing abnormal in inspection of abd. & thoracic cavities

Heart- abnormal size of part of child. chambers & valves healthy. cloth partially decolourized fill up the tricuspid and mitral orifices

Lungs numerous areas of collapse & especially in post parts; they are easily dilated. Bronchial M. m. covered with a small quantity of adherent secretion

Spleen presents nothing abnormal.

Kidneys distinctly lobulated, no special alteration

Liver presents a healthy appearance.

Stomach contains masses of curdled milk. Mucus pale. soft, of natural thickness.

Intestines small present there usual p. m investigations

Mucous membrane is tumid & swollen totally coincident & coated with a closely adherent mucus.

The mesenteric glands are much enlarged forming a large bunch at the root of the membrane.

CLXCI Diphtheria (Tracheotomy) 27/2/77

A.B. a female child at. 2 years. Ill with diph. for 4 days. Brought to the Hospital on Sunday the 24th during suffocation. Trach. was performed at mee by D Trench. The child lived until the morn of the 27th.

Thorax & abdomen present nothing unusual.

Heart: right chambers contain a little blood & clots.

Valves & orifices normal.

Pharynx & Trachea. Tonsils not much swollen coated with a thick white membrane which extends for a short distance along the soft palate. Uvula not involved. Epiglottis pale. Chink of glottis completely filled up with diphtheritic exudation, several loose pieces were removed. Immediately below the cricoid cartilage is a large tubular piece, just detached, at the 3rd or 4th tracheal cartilage the orifice of the tube seen. The mucous membrane covered & the tissues underlie infiltrated with the membrane. A continuous sheath lines the whole trachea extending into the bronchi of the 3 lungs, while the smaller ones all present small shreds of membrane. The lung in trachea is pinkish, easily lifted up. The parts below it are much injected. The lungs are collapsed in large areas at back & post parts. The apex of left is firm, solid & airless, the bronchial tube going to it completely plugged.

Spleen normal.

Kidneys cortex a little swollen. pyramids injected. but the organs do not look seriously involved.

Liver natural, V. centralis injected

Stomach & intestines not examined

CLXCII Diphtheria (Tracheotomy)

~~[illegible]~~

—Swallow. aet 38? (foreman in Garston soapworks). Ill. four & a half days

Body that of a well made, tolerably muscular man. Rigor mortis present. Neck much swollen, the oedema extending to the sternum. Tracheotomy wound 1/4" below cricoid cartilage, edges a little everted. - no false membrane upon them.

Position of viscera in abd. & thorax normal.

No fluid in either pleura. lungs full in volume and of a mottled dark red colour.

Heart. Rt chambers contain much blood and grumous clots. Valves & orifices appear normal.

Pharynx & ~~Larynx~~ Trachea & lungs removed together. The pillars of the fauces, tonsils & uvula are covered with an ill-smelling greyish yellow membrane. which extends over the epiglottis and upon the tissues of the upper part of larynx, almost completely obliterating the rima. The membrane has not separated at any part, but is closely adherent & coated with dirty sanious fluid. On slitting up the Trachea several small clots of blood escaped from the upper part. above the artificial opening. No diph. memb in the trachea, but M.m. reddened & congested (he had coughed up large flakes after the operation) Further down in the bronchi there were small portions of membrane in the tubes of the 2nd & 3rd diameter. The lungs were. congested posterior and in collapsed lobular areas throughout all the lobes. ~~were~~

~~Pp.~~

Spleen a little enlarged, soft. pulp brownish red. M.c. not distinct

Kidneys a little enlarged. cortices swollen. on section surfaces more opaque than normal. Pyramids injected. Stomach and intestines present nothing abnormal. Brain healthy.

CXCIII Burn. Pneumonia.

---- at..

Body that of a moderately well made man. Upon upper half of ant part of chest & ant part of shoulder & arms then is an extensive loss of skin, caused by boiling water. On section the loss is seen to extend almost through the corium.

In thorax and abdomen. position of the viscera is normal.
Heart. Rt. auricle distended with clot, which in upper pt. is colourless. & the same extend into the vessels. and thro' auriculo-vent. opening into the vent. & to pul. arteries. Valves. normal. Left chambers also contain (auric.) a small amount of fib. & clots.
Lungs. Left. crepitant throughout; in posterior part, dark in colour, heavy & sodden, a large quantity of bloody fluid bathing the cut surface. Rt. lung crepitates in upper lobe & ant. border of middle & lower; the rest of organ in condition of red hepatization, being in section granular, friable & portions excised sink in water. The vessels are not plugged nor are the veins.
Spleen large. pulp soft.
Kidneys enlarged; capsules detach easily. surfaces mottled On section they present a very peculiar appearance. Scalloped

Through cortex and medulla are numerous small isolated areas, about the size of a pins head or a little larger, yellowish white in colour & contrasting strongly with the tissue about them. They do not run in lines but are isolated

Stomach contains about a pint of chyme. Mucous coats natural. Nothing abnormal about the Duodenum or other parts of the intestines

Lacteal vessels of the mesentery beautifully injected

Brain Vessels very full, especially the veins in the cortex & the Sinuses. Nothing abnormal in the substance

CXCIV Apoplexy. - Pons Varolii

Pere -- at 72. attacked suddenly. complete paralysis followed coma & death in 8-10 hours.

Body that of a stout well nourished old man.

Brain. Dura mater adherent. Sinuses full. Veins of pia distended. Convolutions slightly wasted. On removing the organ nothing abnormal about the base, with the exception of the rigidity of the arteries. On section of the hemispheres, white & grey substance of usual normal, though perhaps containing a slight excess of blood. Ventricles opened, contained small quantity of serum no blood. On removing Pons & V. inferior. 3rd vent opened. appeared normal, though only at its post. border. a redness had seen in the integuments the C. quadr. and in cutting into it a large extravasation

is seen to occupy the superior and posterior parts of the
pons, entirely destroying the brain substance in these regions
The superior and ant. pts of the organ were intact
It was found impossible to trace any vessels specially diseased
in the vicinity of the tumor, nor on careful inspection could any
concretions, nodules or otherwise be seen. Nothing could be
"picked" so that a more thorough examination was not made.
Others organs not examined.

15/4/74.

CXCV Encephaloid of Axillary gland &c. Secondary. Mamm.
Paul. Bacon. at 43. Ill only 2½ months. Tumour in ax. region had grown
in that time

Body medium sized, well formed, well nourished.
Rt. arm & hand much swollen & edematous, pale in colour
and double the size of the limb on left side
In the rt. axillary region & involving the shoulder is a large
tumor surrounding the tissues in the neighborhood of the head of the humerus.
The largest mass fills up the axilla being moulded upon the
chest, convex externally; above it reaches the clavicle, below the
level of the 7th rib, anteriorly it projects below the clav. as a
flattened tumor extending to within ½ inches of the sternum
lower down it reaches the mammary line almost
touching the nipple. Posteriorly it fills up the subscapular fossa
infiltrating and destroying the muscle in this region
The axillary vessels pass directly through the central part of
the mass, a probe passes through the artery which is much narrowed. The vein pursues a sinuous course and in places is almost
obliterated by the projection into its lumen of nodular masses. It is

not ulcerated at any spot. The cords of the brachial plexus are also compressed, but not infiltrated.
The deltoid muscle where it passes over the head of the humerus is much thinned, while at its lower part it is infiltrated and in spt. destroyed. Immediately beneath the acromion process & to the outer side pt. of the head of the humerus is a large rounded projection which elevates & involves the terminal portions of the supra-spinatus & teres minor muscles. The coracoid process and the tissues immediately in front of it form a large projecting mass which involves the fibres of the pectoralis minor
The scapula in the neighbt. of glenoid cavity is eroded, the artic. surface being bare and almost separated from the body of the bone. The cor. process and upp. border of bone are involved, the new growth passing through the bone and infiltrating the supra-spinatus. The art. surface is not affected. The art. surface of humerus is surrounded by cancerous tissue presented a peculiarly dry leathery appearance. not unlike the old fibrous lamina of pericardium. The ligaments were all involved, and the bone slightly eroded at the margin particular surface, which itself intact
On section of the large mass beneath the Pect. muscles & in axilla it is seen to be made up of a tolerably firm highly vascular structure In the spt in axilla. an indistinct tubular arrangement could be seen. The surface of section was grayish white interspersed with blood red areas of softer congestion & extravasation. In the deeper pts it was softer more vascular
Thorax and abdomen. On opening the thoracic cavity the lower

is seen to project four inches below the costal border & appears much enlarged. The mentum is small and presents several firm reddish nodules. The intestines and mesentery a firm mass, esp. fan shape, occupies the latter organ 2" from the Val. Bauhini Scattered over mesentery, chiefly at inter. margin are small nodular masses ranging in size from pea to marble. & of a turbid reddish fluid in peritoneum. No lymph or sign of inflammation. Diaphragm corresponds on R. side with 4th rib & on right side with 3rd.;

In Thorax veins at upper part accidently cut & bled freely Pericardial fat in moderate amount. One or two small firm nodules in ant. mediastinum. In sac of Peric. 2½ oz of serum. Heart. Rt. Aur. contains black & gelatinous clot which is continuous through auric. vent. opening into vent. & so up pulmonary artery where it is colourless. Lt. Auricle also contains a partially decol. clot. Nothing abnormal in orifices or valves of the organ. In walls of left vent. towards left border a cancerous nodules size of a cherry involving muscular substance

Lungs Scattered through both organs are numerous firm nodules ranging in size from marble to small ~~size~~ at root of left is a very large nodules which appears continuous with cancerous bronchial glands in the neighbourhood. These bodies are very large, especially those just below the bifurcation. The pleural surfaces are covered over with innumerable small opaque fibroid masses scattered chiefly upon pigmented areas & at junction of pleura. They are firm & nodular. Lung substance presents scattered areas of dark brownish red pigmentation — (He had worked in copper mines) They are not abyally emphysematous

Spleen weighs 320 grms. Organ large, shape retained. Four large masses, white in col. project from convex border & surface and ant border. One - the smallest is cupped. On section these masses present sharp outlines reddish white colour; here & there haemorrhagic - spleen pulp very soft.

Kidneys Rt. 250 grms. Left 270 grms. Apparent on surfaces are numerous nodules, from size of pea to marble, some opaque white, others dark red or even black. Both organs lobulated. Capsules detach easily except where there are nodules

On section substance interspersed with masses of cancer, chiefly in cortices. In rest of extent substance looks normal.

Ureters and Bladder normal.

Supra renal bodies enlarged. each weighing about 30 grms. Organs are firm, & on section found to be extensively infiltrated with cancer.

Pancreas presents several secondary masses the size of marbles.

Liver weighs 3970 grms, being uniformly enlarged. Surface smooth or presenting trifling irregularities in form of rounded projections. No nodular masses. On section there is seen to be diffuse cancerous infiltration of extensive areas, not sharply defined but blending insensibly with normal looking tissue. Indeed in places in the cancerous areas the outlines of liver lobules could be distinctly seen. Hardly a portion of the tissue, within the size of half dollar but did not show signs of the affection. Gall Bladder contains small amount of bile. D C C. patent. No enlargement of glands in portal fissure

Stomach contains a quantity of milky fluid and on the wall near the fundus is an elevated mass, beginning to ulcerate on the surface. On section is is white in colour & appears to be cancerous

Intestines From 15 – 20 small ulcers are seen throughout jejunum and ileum, 8 – 10 being in the upper pt of jejunum They range in size from a threepenny bit to a sixpence or a little larger edges much elevated, bases capped and covered with greyish-yellow material beneath which is a firm translucent neutrus, which involving the coats of the bowels to the depth of 1/2". In the colon are a dozen or more ulcers presenting the same characters

Brain. Nothing abnormal in the membranes. or in cortical structure of the substance.

The sella turcica is occupied by the pit. body which appears large & soft. and extends as a firm mass into the left cav. surrounded all the textures in that situation. On examination this is found to be cancerous infiltration involving the pit body and the tissues in cav. sinus of left side; The 3rd nerve coursed through a firm mass ran along the top of the mass and could be dissected without much trouble, appears slightly compressed. The growth was imbedded in the upper part of the mass: The 5th nerve, passed to the orbit and did not appear involved. The sella was in the under surface in part pit. extent was surrounded by the cancerous growth. The artery did not appear at all compressed.

CXCVI Pneumonia. Morb: Brightii 18/4/78

George Harman æt 62. adm. ap 11th died ap 17th.

History.

Body that of an old, fairly well nourished man. Rigor mortis present.

Abdomen nothing abnormal in cavity. Pos. of Vis. normal.

Thorax. Lymph on ant. mediastinum, and over margin of left lung. About six ounces of serous fluid in Rt. pleura. Lung exclusively adherent at upper part

Heart. On opening pericard. a few ℥ of turbid fluid with few flakes of lymph removed. Visceral layer rough & hairlike especially over right aur. & root of aorta. Par. layer also a little spongy & rough.

Rt. aur. full of clots, dark in centre. colourless in appendix. Aur. vent. septum thickened with firm mass which extended into vent. & up the pulmonary artery - not its main branches. Valves healthy. Left vent. contains a small amount of fluid blood and a few colourless clots attached to the valves. Left aur. contains partially decol. clot. Mitral and aortic valves healthy. Muscle walls of heart. of good colour.

Lungs. Left. weight. 795 grms. not adherent. crepitant throughout very dark purplish, heavy & emphysematous & ant. borders. On section much frothy blood tinged serum oozes from cut surface

Rt. lung. weight 1340 grms. Crepitant at and. & lower borders. In rest of tissue collapsed and airless. Upper lobe firm, heavy, and covered with flakes of lymph. Middle lobe not so firm, slightly crepitant towards the root. Plumbeous middle & lower lobe studded up with thick gelatinous lymph. Lower lobe intimately adherent to costal pleura by old adhesions, the lung tearing in its removal. On section upper lobe in condition of grey hepatization, surface anaemic & dry. On scraping out surface a small amount of purulent-blood stained fluid is drained. Lower & middle lobes are darker contain more blood & serum & granular appearance of surface is not so evident. Portions however crepitate in water. Pul. vessels in affected areas do not contain clot. Bronchial glands much enlarged. Trachea & bronchi contain a dirty muco-purulent fluid & the membrane is diffusely injected.

Spleen weight - 280 grms. Organ firm & resistant. In shape very concavo-convex. On section brownish red colour, surface smooth somewhat glistening & dry. Organ in state of chronic hyperplasia.

Kidneys Left. 270 grms. Large & flabby yet to the touch resistant. Capsule detaches easily leaving smooth mottled surface. Vessels & Stellate well marked. Small veins also full so that surface appears reddened. On section cortex swollen and presents a mottled appearance. In spots or lines it is of an opaque white colour, sometimes interspersed with vascular lines. Pyramids light. V. red. full. Much fat in pelvis

Right. weight 200 grms. Surface irregular owing to projection of several Kernels. between which substance is puckered. It is paler than the organ through Stellate arrangement. On section cortex in places mottled

and presents a peculiar yellowish white colour exactly resembling the fat present in the tubules of the organ. This is more marked in some situations than in others. In one place where a pyramid was sliced transversely it looked as if surrounded by pure adipose tissue.

On microscopical examination extensive fatty degeneration of renal epithelium was detected. Many of the tubules are filled with granular debris, & in some casts are seen

Liver 1875 grms. Surface smooth; over gall bladder atrophied. Substance very natural looking. Hep. veins full, but vena cavules not very marked, & that organ could not be said to be enlarged.

Stomach. full of thin watery fluid. Its M. pale. at pylorus thick & soft. thinner at cardia & in fundus (P.M. digestion)

Intestines. Small & large. present nothing abnormal.

Brain. Dura mater. penetrated by numerous Pacchionian bodies. Sinus. contain fluid & clots. Pia mater. normal. Int. pts not examined.

CXCVII 31 Pneumonia 18hrs P.M.

Maude Anderson at 23, a stout well built young woman. Had been a prostitute. Skin of face & post pts of body livid Lun. albicata in abd. Reg. mortis slightly marked. In rt. hypochon. reg is a small bruise

Thorax. Sit. of viscera normal. No adherens between pleura layers In Pericardium 3ij of clear fluid

Heart. Rt. right auricle about 7oz of fluid blood escaped. Rt vent also contains fluid blood, no clots. Left auric. the same. 3ij. Left vent empty. Orifices of natural size. Left vent is relaxed & flabby. Mus subtlanced looks healthy. Valves normal. Weight 303 gms

Lungs. Left. with exception of small part near ant border the entire organ crepitates. On ant part of lower lobe the pleural surface is slightly granular & in this area are several small extravasations. On post part of lower lobe is an area of the size of an orange dark in colour, remaining collapsed on section of lung with air. On section it is soft, friable, intensely oedematous, very loose & spongy in texture. & appears in spots haemorrhagic. Weight. 450 gms.

Rt. lung heavier, firmer, does not crepitate so much. Lower lobe posteriorly does not crepit. at all. On section upper lobe oedematous especially at ant. border. At base ~~of~~ lobe & involving one 1/5 of the lower lobe the tissue is firm solid dark in colour & the surface balked with bloody serum. Portion excised sinks. At antero border of this lobe the tissue is also solidified. The rest of it is oedematous. Middle lobe contains one extravasation. Weight 670 gms

Spleen somewhat enlarged, closely adherent to the Diaphragm. On sect. pulp dark. soft. Mc. corp not evident. Weight 273 gms.

Kidneys. Left. weighs 177 gms Caps on detaching tear subtunic

slightly. On section distinction between cortex & medulla not well marked. In cortex veins are congested, while between them the tissue is pale. Right organ in same condition. 180gm.

Stomach. At cardia M M is injected, not thickened, but at pylorus & along greater curvature is much mammillated. Duodenum presents nothing abnormal. In pyramids & dem Papers patches are scarcely visible. At M. Solenn appears congested in places. Sol-glands well marked. Nothing abnormal in large bowel.

Liver soft & flabby, mottled on the surface, substance pale fawn brown yellow colour. V. cav. not congested. Weight 2180gms

Uterus & Ovaries. Signs of old inflam. about broad ligaments and fallop tubes. Between Ut. & rect. mucous plexus found passing across Douglas's pouch. Left ovary is retracted occupying a position deep neck of uterus. Both ovaries are of a dead white colour. all structures about broad ligament deeply congested.

Fallopian tubes are twisted & bent upon themselves, particularly the left.

28/4/78

CXCVIII. Uterine Phlebitis. Phlegmasia al. dolens.

G. Ross. æt. confined about 3 weeks before her death. Leg had begun to swell at 7th month. Had had hæmorrhages after delivery.

Body flat for well built woman. Rigor mortis slightly developed. Ph. discolouration in dependent pts. Left leg and thigh swollen, integument not very white; does not pit on pressure except at ankle. Rt. Thigh (upper pt) measures 21". Left Thigh 24 Rt Calf 12½. Left. 14½

Abdomen Intestines pale and empty. Rectum descends on right side. Uterus large. Left Ovary and tube corresp. Tube attached to mesentery by old adhesions. Around these parts there is a good deal of pigmentation

Thorax. No adhesions between pleura layers.

Pericardium normal. Heart. Rt. chambers full of grumous clot. Left vent. empty. Valves & orifices normal: Muscle substance of heart pale.

Lungs; left crepitant throughout. Post. pt of lower lobe heavy & swollen, much frothy serum oozing from cut surface.

Rt lung also crepitant, & post parts œdematous Scattered throughout this lower lobe are several dark brownish red areas looking like the remains of extravasations

Spleen soft; pulp semi-diffluent, dark purplish red in colour weighs 170 grms.

Kidneys Left 180 grms. On section cortex swollen & pale. Medulla also pale. Rt. organ very small, weighs only 73 grms. Capsule slightly adherent, surface roughened & irregular owing to small puckerings. On section cortex is marked in spots of small depressions, in other places

lower normal. The puckerings do not look like the results of embolic
Liver deformed. Left lobe small, extending only 2" to left of
long. ligament. Organ flattened ant.-post. diameter increased
measuring 8" in middle line & 8½ at right border. On section it
is soft pale & fatty
Stomach contains a large quantity of half digested food. Its mucous
parts partially digested. Abnt pyloric muscular presents
numerous pin like depressions - small erosions.
Intestines. Are pale & present no alterations
Uterus. Of large size soft and relaxed. measures 6" in length by
4" in breadth (at fundus). It was removed together with inf. V.C. iliac
renal & ovarian veins. On section walls ¾" in thickness. Internal
surface presents a foul slimy appearance. At fundus & in
right corner there are elevated shaggy masses composed chiefly of
decidual remains & coagulum & in these are veins filled with thrombi
Over body of uterus mucous membrane represented by a greyish
shreddy structure. Os & cervix not much altered. The uterine
veins are numerous in the cut surface of the walls & in these near
the os uteri thrombi can be seen. The intima of the others is of a deep
red colour. No purulent matter in them.
Ovarian veins large, but contain fluid blood. Branches of uterine veins in
broad lig. of left side especially those near cervix are plugged with thrombi, which
can be traced into the branches of the internal iliac which is itself plugged by
a firm partially colourless coagulum which extends for 1" into C. Ext. and for
2" into Ext. iliac. At lower part of V. C. ½" from bifurc, the intima is covered by
4-5 firm small bodies white in colour. Removal is free to 2 cm below the

April 29th.

CXCIX Phthysis Phthisis & Pneumonia. Amyloid deg. Spleen & Kidneys.

John Mulloy. æt. 20. died ap. 28.

Body emaciated. Skin of belly slightly pigmented. Freckles on upper part of ~~thorax~~ ~~[illegible]~~ arms & face. Slight oedema of ankles.

Abdomen. a few ounces of clear serum. Intestines slate coloured. Numerous small tubercles in coils of S. Int.

Thorax. Few bridles on rt. side. On left firm adhesions at apex and upper part behind.

Pericardium no fluid. Heart. Rt. aur. contains fluid blood and dark clots. Rt vent. an antemortem clot closely interwoven with the col. carn. L. aur. fl. bd. and small coagulum. L. V. small decol. clot. Valves normal. Ao. orifice of full size. Mus. subs. a little pale.

Lungs. Left. Upper lobe occupied in 3/4 of its extent by a large multilocular cavity containing a blood tinged pus & the walls are blood-stained. Numerous trabeculæ ~~pads~~ across and are seen on the walls. The lower part of this lobe is stuffed with caseous masses, & small tubercles & the same are present in large numbers in the up. pt of lower lobe, the anterior portion being riddled with small cavities. The lower half of the lobe is in a condition of Pneumonia, the affected area containing only a few tubercles. The lung here is heavy airless. with a granular surface and sinks in water. The pleura over this lung is thick and dense, especially at the centre part behind. Over Pneumonic pt. there is fresh lymph. Rt. lung. upper lobe crepitates posteriorly in rest of extent. stuffed with small tubercles. at ext. apex is a small cavity Middle lobe contains a few groups of tub. near pleura. The lower lobe crep. bt contains several aggregations

made up of small gray granulations. Rest of organ crepitant
In places there are a few small haemorrhages.
Bronchial glands not enlarged. A few tubercles & caseous
masses in each. Bronchi are injected. No ulceration
Spleen. 220 grms. Two supernumerary organs, one kidney shaped
the size of a plum. the other, round, the size of a cherry. Organ
firm. On section dark red. and scattered throughout it are
innumerable enlarged and "amyloid" Mal. corpuscles.
Kidneys. Left. weighs 275 grms. Caps. detaches easily. Surface smooth & stell. marked. On section cortex swollen & pale.
On close inspection it is seen that the radiating striae passing
out from the pyramids present different appearances, some are
opaque, dead white, others pale & translucent looking as if waxy
degen. has proceeded. Rt. weighs 270 On sect. same app.
Pyramids are injected & v. arcu. rectae full. Toward the hilum
in the columns of Bertin which dip in between the py. the fatty
degeneration is extreme. On exam. cortex very fatty. Mal. corp. & some of
art. passing from cortex react with Iodine
Stomach M. m. in dept. pts congested. in rest of extent pale & thin
Just outside pylorus in duodenum are numerous pit like depress-
& about them are swollen lenticular glands
Small Int. M. m. slate-coloured. In jej. are num. tub. ulcers. Largest
the size of a sixpence. On corresp. peritoneal surface are numerous tubercles
Throughout ileum. Peyers patches are uniformly ulcerated & many of
sol. glds. in same condition. M. m. of lower pt. ileum congested. Close
of valve are two superf. losses of subst. size of 3 ct piece. Valv. ulcerated. In Caecum
sev. ulcers. M. m. of colon. Slate (he had take Bis.) Sol. glds dist. Some of py. ulcerated.
Liver not enlarged. a little fatty. Small white opaque spots in left lobe.
Brain. No tubercles. apparently normal.

29/4/78

CC Pleuro-Pneumonia. (cellulitis)

alexander alexander, 48. Received a blow on left hand in a shinty match on Good Friday which was followed by cellulitis - pleuro-pneumonia developed & he died on 4th day (on 28th 7.30 am.)

Body that of a well built muscular man. On left hand and right sign of recent cellulitis, for which 3-4 incisions had been made. Abdomen distended and discoloured. Post. pros. normal. On Thorax 20 oz of turbid serum with numerous flakes of lymph removed from rt. pleura & adhesion between pleural surfaces on both sides posteriorly.

Pericardium normal. Heart large. Rt. auricle full of dark clot. Rt vent also contains coagula partially decolourized. Left chambers contain small clots. Valves and orifices normal.

Lungs & Pleura. Rt. Lower lobe covered with thick plates of recent lymph & the same extends the corresponding ~~visceral~~ parietal pleura. On section of organ from apex, upper lobe is adematous posteriorly & crepitant throughout; lower lobe crepitates ant and at all superficial parts; in the centre is an area of pneumonia, half the size of palm of hand; the surface bathed with a small quantity of serum; colour greyish especially in the centre. Air cells filled with small fibrinous plugs. Portions examined sink, bits of lung torn about, float. No other consolidated masses, none near pleura. Left lung crepitates; that posteriorly is very deep colour, like dark jelly and contains no little air. It appears as a condition of either the most intense congestion possible or else a state of hemorrhagic infiltration, the latter appears most probable. The ant pts of lung are lighter in colour and contain much serum. Pleura covering this lung behind also covered with exudation, & the same have taken place beneath the visceral layer at the post part.

Spleen a little soft, about normal size. Pulp. reddish brown
Kidneys. capsules detach easily. On section surf. between cortex &
medulla normal; tubules injected, former present radiating lines.
Stomach contains about a pint of chyme. No thickening in dependent
parts. Intestines present a natural appearance. nothing
abnormal in mucous membrane of colon.
Liver of normal size; dark brown-red in color; large veins
full. Organ not nutmeg. Gall bladder contains a few drachms
of thick bile. D.C. Ch. patent.
Brain not examined.

CC1. Echinococcus of Liver.

See Papers in Am. Jr.
Med Sciences. 1881

[Can't trace. H.Shaw.]
1948

CC11 Retro-Pentineal Cancer.

-- at 3. male. Subject for tumor in abd. which had been growing for. 2½ months.

Body somewhat emaciated. Abdomen greatly distended dull on percussion ~~over~~ ant & right hypoch. & inj. regions. To the feel & the touch ~~present a~~ boggy, & not unlike fluctuation of fluid. On opening abdomen a large tumor is seen to occupy almost the entire cavity, the intestines being pushed into the pelvis & far over to the left. Above the tumor is overlapped by the liver, & the under surface of which it is firmly adherent The pertineum covers over the tumor and only at the side has adhesion taken place between the vis. and parietal layers. Upon the ant. surf. the ascending colon is seen passing diagonally across from the cæcum (which is pushed up by the growth almost to the navel) The ileum mesaeras the lower third to join the large intestines, & the appendix turns down in a curve upon the mass. A little to the left of the median line is the inf. vena cava, perfectly distended length. but empty. 2½ to the left, inward the side of the growth is the aorta. The mentum stomach & spleen were pushed up in the left hypochon. region. The tumor was easily separated from its adhesions and turned out, the right kidney being imbedded in the corresponding border, the left ~~kidney~~ not involved. In the removal the thin capsule of the mass was perforated in several places & the soft contents escaped. The mass weighed about 10-12 lbs, was soft, enclosed in a definite capsule, & covered anteriorly by pertineum. Posteriorly it was in immediate contact with vertebral column and

lower ribs, the 11th on right side being slightly eroded. A section made through the mass revealed a soft cerebriform structure, resembling exactly the brain substance of a child a few days p.m. Pure white material of pulpy consistence was interspersed with greyish and haemorrhagic portions, the whole being so soft that no uniform section could be obtained. Posteriorly extensive extravasation had taken place into the growth & the parts here were blood stained & mingled with clots. The tumour was of uniform appearance throughout not presenting signs of degeneration. It was not lobulated. The right kidney was much flattened and appeared slightly involved in the growth. The ureter passed down through the mass & was constricted, the pelvis of the organ being in consequence dilated.

Liver was flattened, yellowish in colour, & looked fatty.
Spleen a little enlarged. M. carp. apparent.
Left kidney, normal. Stomach & intestines healthy. Mesenteric glands not enlarged to any great degree & not cancerous.
Thoracic viscera presented nothing remarkable. Heart normal. Lungs a little collapsed posteriorly otherwise healthy.
Microscopic appearance

Nodule in brain 2/5/77

CC III. Cirrhosis of Liver. General Tuberculosis

Ward. at 3 P.M. admitted. April 27th. Died. May 1st. 9 A.M.

General appearance.

Body that of a moderately well built man - Rigor Mortis present - Skin of dependent parts livid that of chest, face & arms jaundiced - Conjunctivae very yellow

Five or 6 copper colored scars on left shin &

On opening the abdomen about 60z of a citron colored fluid removed - (Two days before death of fluid was withdrawn by tapping the abdomen)

Scattered over the peritoneum most numerous on the parietal layer & on the mesentery are innumerable small firm translucent tubercles - On the viscera with the exception of the bladder they are few & isolated -

In Left Pleura - no adhesions - In Right Pleura - 10 ozs of yellowish turbid fluid - numerous flakes of lymph exist over both pleural surfaces - In the pericardium - a few drachms of bile stained fluid, subpericardial fat in moderate amount

Right Auricle - contains 3 oz fld blood - no clots

" Ventricle also contains fluid blood.

From Left Auricle a little fluid blood. dark in color escapes

Left Ventricle - Empty

Valves and orifices on the right side - normal.

Tricuspid orifice - large - admits 3 fingers fully.

Left Chambers appear normal

Right Lung. Pleural surface of lower and middle lobes covered & thick leathery false membrane - the deeper

ones are evidently older, the superficial flakes are easily removed and are recent. Organ crepitant. At the apex are several small caseous masses surrounded by condensed and pigmented fibrous tissue, in the neighbourhood of these knots are numerous small tubercles some grey, others yellow

Scattered throughout this lobe are numerous tubercles most of them firm and hard; there are no cavities, throughout the middle and lower lobes only a few of these tubercles exist

Left lung - has three lobes the third a small central one overlying the heart. Organ Crepitant throughout. At posterior part is heavy, congested, oedematous, no caseous masses, or tubercles at apex a few tubercles scattered throughout the lobes. - Bronchial tubes covered with frothy secretion. Bronchial glds. not much enlarged. Not caseous. Only a few tubercles.

Spleen 670 grammes. Organ soft & flabby.

Capsule - opaque. thickened. On section pulp is of a dirty brown red color and of the consistence of thin porridge

Right Kidney - 235 Grammes. Capsule detaches readily organ healthy. Mal: bodies evident as small glistening points. Left Kidney 250 grammes. —

Stomach. normal size Contains small quantity of dirty greenish yellow fluid. At the fundus and cardiac end the tunic is softened by the action of the gastric juice. At the pyloric part is thicker slate grey in color and very mamil=lated.

Small Intestines — Jejunum - bile Stained upper part of Ileum

appears injected. Peyers patches very distinct & numerous
they extend high up in the jejunum
Mucus membrane of transverse colon is injected and
presents four or five tubercular ulcers each about the size of
a threepenny piece, & hemmorragic bases and injected
edges - (He had had hæmorrhage per anum.) -

Liver. wghs. 1325 grmms - much diminished in size & ca boyd
and nodular, the nodules varying in size from a pins
head to a large pea. On section, it cuts w great resistance
& is mottled, many of the blood vessels distended, on
close inspection the lobules are seen to be everywhere
surrounded by sheaths of connect: tissue

Bladder. Contains a large amount of bile stained urine
Gall Bladder - full of bile, and contained several small stones
Brain - Pacchionian granulations numerous. Membranes
very closely adherent along the longitudinal fissure
no signs of tubercular disease at the base of the brain
On the surface of the Brain - upon the left ascending
frontal convolution is a small tuberculous nodule
about the size of a pea - it involves the brain sub-
-stance - On opening the Ventricles, they appear of full
size; Velum Interpositum injected - No other
tuberculous nodules noticed, on careful section -

13/4/97

CIV Anæmia perniciosa 24 hrs. P.M.

Emily Rentland æt. 19. , admitted april 6th. Had been menstruating & stopped taking or drinking for about 15 days.

Body that of a delicately built girl. Is marked Emaciation. Has become very much thinner in last two weeks. Abdomen much Emaciation. Skin has a yellowish tinge particularly about thighs. Livid bluish spots over Shoulders neck thighs Ankles & Knees. In these situations skin presents spots of bluish discoloration. On making Bilateral incision Pan. adi. thickness over chest ½" thick on abdomen. Abdom. & Thoracic muscles present a remarkably natural appearance = dark, flesh colour.

Abdomen. Position of viscera normal. Intest. Small Stomach. No Fluid in Peritoneum

Thorax. No adhesions. Lungs pale. No Fl in Pericardium

Heart. About 3oz Blood drained from Ventricles. Pericardium & Its Sac normal

Left chambers contained a few ℥ drams of blood, orifices & valves normal, aortic semilunar fenestrated chordæ tendinæ of mitral a little thick & the edges of the valves a little thickened in places. Muscl substance slightly paler than normal. Sp. Gr. moderately fatty. Aorta normal, not constricted.

Lungs Œdematant throughout, pale, bloodless. Weight 215 grammes.

Right Lung. apex posteriorly in a condition of acute oedema, presenting a gelatinous appearance, posterior part of lower lobe contains more blood than any other area of the lung. Are or two small 'lung stones' met with

Spleen Tolerably firm; dark brown in color, malpighian bodies distinct - Weight 85 grammes.

Kidneys. Rt 90 grammes Capsule detaches easily, Organ firm, cortex pale & yellowish brown color, strong uræmic odor about the organ

Rt. Suprarenal capsule normal in size, medulla of one end thickened by a whitish growth.

Left Kidney presents same appearance as right. Suprarenal Capsule normal. Weight 85 grammes

Stomach. Empty contains small quantity of bile stained mucus Mucous Membrane at Cardia thin. owing to Post Mortem Solution. Otherwise natural

Duodenum normal.

Jejunum pale No Abnormal thickness or appearance healthy

Ileum injected in places. Peyers glands hardly visible

Large Intestine nothing abnormal

Liver. small natural-looking veins full. Weight 1070 grammes

Aorta natural

Thoracic Duct ~~Contains~~ filled with a reddish fluid, & appears natural.

Retroperitoneal glands. Small.

Bladder empty. walls contracted thin.

Uterus. Os Normal

Ovaries ~~Appear~~ normal.

Vertebrae. No enlargement No Do

Ribs. No nodules. or enlargements.

Brain. Exceedingly pale. A good deal of serous fluid between the arachnoid. Basilar vessels almost empty. Nothing abnormal on superficial examination

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~~Fracture~~ of Sternum. Septicaemia

Case CCV. William Johnson Aged 28. Admit May 6th Died May 10th. Dr Roddick. P.m. ~~40~~ hrs p.m.

Body that of an average-sized powerfully-built man
Cornea & no discoloration & oozing of col. matt. in veins & in
Abdomen. Intestines distended. Cavity small amount of blood-tinged fluid

Thorax. 16 oz. thin bloody fluid in left pleura. Two and a half oz of similar fluid in Right ~~fluid~~ pleural cavity.

Heart. Weight. 420 grammes Right auricle contains fluid blood and 1 decolorized clot. Nothing abnormal about the valves & Or. on Right side. Endoc. stained. Valves & orifices left side also normal. Intima of Aorta blood stained, vessels normal

Lungs. Right Crepitant & light in color anteriorly. Post. part. dark in color, only 2 lobes. Weight 790 grammes Left lung Crepitates above and Anter., lower lobe heavy, slightly crepitant, small portions excised, sink. Extreme posterior border collapsed Pleura, posterior part is inflamed covered with small flakes of lymph. Weight 680 grs

Spleen. Weight 220 grams. Exceedingly soft, dark Reddish Brown color, pulp very friable

Kidneys. ~~Left~~ Right Weight. 165 grammes Capsules detaches easily. On Section proportion between Cortex & Medulla, normal

Malpighian bodies distinct, small hyaemic block towards one end.

Left Kidney. Weight 167 grammes. Tissues about it, hemorrhagic specially on the under surface. On the posterior part 1¼ in. from the lower end, there is a laceration of the substance 1¼ in. length ¼ in depth Extending transversely across the organ. Beneath the Capsules, at this region there is Extravasated blood, also in the pelvis of the organ.

Stomach. Contains a quantity of half digested food. Mucous membrane slate color mucous surface tolerably thick.

Nothing abnormal noticed in the Intestines

Liver. Weight. 2020 grammes. Soft, flabby On Section, yellowish in color, hepatic veins full, Capillaries of lobules not injected

Brain presents no changes of note.

On the left side, near ant. sup. spine of ilium is a dirty looking ulcer which leads into a small cavity situated upon crest of ilium. The ant. sup. spine had been broken in the accident. & there was ulceration of the bone. & the tissues about were in an unhealthy state

The sternum was fractured in its center.

& pericardium was diagnosed during life, but the friction sounds heard over the heart was due probably to the inflamed pleura over the under surface of ruptured sac covering the heart

Case CVI

Farrar — General Tuberculosis

Body that of a moderately well built man, fair muscular development. Letter D tattooed on left mammary region — old dereliction from U. army

On opening the abdomen. Extensive adhesions exists between the visceral and parietal layers of the peritoneum chiefly connecting the omentum, transverse colon, and surface of the liver, the coils of the small intestines are glued together by soft, flaky adhesions Mesentery and peritoneal lining of small bowel and cæcum are covered w numerous small firm tubercles, from a pins head to a #8. shot.

Thorax. Both lungs intimately adherent to chest-wall, in pericardium about 3ij of a clear citron colored fluid. Adhesions though universal on both sides, are less firm on left

Heart. Right auricle full of dark clots and about 3vj of dark fluid blood flows away from the opening. Right ventricle also contains black grumous clots. Left auricle full of a dark jelly like coagulum. Left ventricle filled up with a small black clot. Valves & chambers perfectly normal.

Lungs. Right lung. On pleural surface numerous tubercles are evident, not apparently on membrane but on lung tissue beneath it. Lower lobe is covered with old pleuritic membranes, not very thick. Right lung from apex to base stuffed with small gray miliary granulations, at the apex they are not so abundant, & there are one or two firm nodules the size of Jesse.

one small cavity to the outerside of upper lobe.

Left lung. Crepitant throughout though the lower lobe is very firm heavy dark red in color. This lung is also stuffed with tubercles no cavity or nodules at the apex. The tubercles are disseminated not arranged in groups & present a grayish semitransluscent appearance

Spleen. 355 grms. Capsule presents a spot of localized thickening; on section spleen-pulp consistent studded over with innumerable small specks eyes of pin points. These are excessively small more like grains of sand, they are uniform in size Malpighean bodies not evident.

Kidneys. Left, weight 230 grms., capsule detatches readily, on section cortex coarse looking Malpighean bodies very distinct, scattered throughout it are small tubercles; a small Aronoth calculus ~~found~~ found in one calyx. Appearance similar through the right kidney, tubercles also present. Organ weighs 180 grms.

Liver. Firmly adherent to diaphragm numerous tubercles in the adhesions, organ soft, no tubercles.

Stomach. Vessels full in posterior part, mucous membrane soft & covered with a thick glairy mucus.

Small Intestines Peritoneal surface studded with tubercles, mucous membrane infected no ulceration, Pyer's patches indistinct.

Brain Veins full, no lymph observed about the base, no tubercles seen on ~~about~~ the Sylvian fissures; noth-

ing abnormal noticed in ventricles, brain substance itself of good consistence.

Apoplexy. Uterine Myoma.

CCVII Grace Nelson æt 53. Adm May 16 20/5/77

Died May 19. 3.30 P.M. Autopsy 21 hrs after death.

Body that of a fairly well nourished woman of medium size - Rigor mortis present - Abdomen distended - Linea Albicantes well marked - On opening the abdomen a large tumor is seen occupying the umbilical region & filling the entire pelvis - To the right of it lies the uterus & upon it in front the left Fallop. tube & the ovary & its ligts, together & numerous veins & arteries are apparent - The right ovary & tube are free - The tumor is freely movable - is not firmly attached, & appears covered & the peritoneum - It appears to spring from the pelvis though less also it is freely movable - The bladder lies in its normal position & is unaffected - The vagina appears normal - The neck of the uterus is much elongated - The cavity of the uterus is of about normal size & the walls of proper thickness - The posterior part of the uterus espec. towards the right border & near the cervix is firmly welded to the tumor -

Towards the right border of the tumor are several flattened cysts with thin walls filled w a yellowish serum - The growth appears to be made up of 2 main portions - The larger toward the right presenting a smooth round surface - The smaller toward the left somewhat flattened & conical - A small mass the size of an orange springs from the larger tumor near the uterus - On stripping off the peritoneum the surface of the larger mass appears smooth - The smaller is crossed by fibrous trabeculae - The tumor weighs 4,729 grammes -

Heart - Valves & chambers on right side appear normal - Left ventricle dilated - Mitral valve a little atheromatous at the base - Apices of Papillary muscles fibroid - Aortic valves a little opaque - otherwise normal One segment punctuated - Aorta presents a few traces of atheroma -

Spleen - Small soft - trabeculae strongly marked - Wt 110 grms

R. & L. Kidney - Capsules detach easily; on section dark in color - vessels deeply congested & full

Wt R - 160 grms
L - 130 "

Lungs - Crepitant throughout - Deeply congested at bases - In places almost apoplectic

Liver - Slightly atrophied over the Gallbladder On section organ slightly nutmeg -

Intestines

Nothing abnormal noticed Peyer's patches well marked -

Stomach -

Mucous Membr. appears thick & mammillated congested in dependent parts - Nothing unusual in duodenum - Pancreas looks healthy -

Brain -

Nothing abnormal noticed about the base of the organ - Vessels very slightly atheromatous Vessels on the cortex full - On section of the hemisphere brain substance of good consistence Exposing the lateral ventricles a large fluctuating tumour occupies the position of the right Thalamus Opticus - It is 3 inches in length by 1¼ inches in breadth - It projects into the 3rd ventricle - lies upon the right pair of Corpora Quadrigemina & extends from this into the posterior horn of the vent. which is considerably dilated by it - It does not fill the Entire horn - The tumor fluctuates distinctly on making a small puncture in it a bloody fluid oozes out - Through this puncture by means of a syringe a small quant. of soft reddish material was removed - The fornix is intimately adherent & is slightly raised by the posterior part of the tumor

The Choroid plexus of that side descends on the top of the tumor about its centre - Nothing else abnormal noticed Organ reserved for hardening -

Tumor (of Abdomen) cont^d

On section it cuts of considerable resistance being firm & dense - The surface is white fibrous in appearance - presenting very few blood vessels -

May 21/78. F

Case CCVIII - John Sheehan Æt. Adm + died May 20th
30 hrs after death. Body of a man of medium height very powerful muscular development. Rigor mortis very marked -
Moderate hypostatic congestion.
On section, over the upper segment of the sternum a moderate effusion of blood is found and on further examination fractures

Abdomen. Colon somewhat distended. Intestines generally quite healthy.
A large amount of blood about 10 ℔s effused into the cellular tissues of the pelvis. Source of hemorrhage not ascertained.
Also an effusion of blood behind the right kidney by which the lower end of the organ is tilted up almost vertically.
Effusion extends across vertebral column and into areolar tissue surrounding the left kidney. On the posterior surface of the right kidney a laceration is found

Substance of kidneys quite healthy.
Liver + Spleen + other abdominal organs healthy.
Thorax. Subpleural effusion of blood in the neighbourhood of the fractures above mentioned.
Lungs appear healthy -
Right Lung - Moderately firm adhesions at base + post surface of lower lobe - 3 or 4 oz of bloody effusion into pleura.
The 6th - 8th ribs are found fractured about 6 inches from vert column - the sharp point of the former has penetrated the pleura costalis and caused a small laceration of the substance of

of the lung without rupture of pleura pulmonalis. From this a moderate amount of subpleural emphysema extends over the surface of the lung and some distance over the vertebral column. On section the lung shows a moderate amount of hypostatic congestion. At the seat of injury there is effusion into the substance of the organ forming a mass about the size of an egg. Bloody mucus in the bronchi.

Left Lung – a few scattered adhesions. Moderate hypostatic congest.

Both lungs are considerably mottled and the bronchial glands are quite black.

Heart firmly contracted. Quite healthy.

Head. No fracture can be detected.

Brain. Superficial veins rather full; and on left parietal portion considerable minute congestion. No hæmorrhage.

Organ quite healthy on section.

Spinal cord not examined tho' want of time.

Diphtheritic Paralysis - (General, with death ~~by~~ by apnoea) -

CCIX May 28

W. Rodgers ät 25. Am May 4 - D^d May 28th 825 Am

Autopsy 6hrs after death -

Body of a man of medium size - rather emaciated - Rigor not fairly established -

On opening abdomen nothing abnormal noticed -

CCX May 29- 78. Amputation of Leg - (Senile arteritis.) 149

Æt 75-

Body of an old woman fairly nourished - Rigor persistent. Examination only partial: made by tracing up the L femoral artery from the site of amputation and removing it with the aorta as far as its passage thro' the diaphragm - The vessels were found to have the following characters:

CCXI

Diphtheria

Sarah Tuidal aet 33 - admitted May 25 - died 29 - 10 p.m.
Body that of a large well nourished woman - Strong rigor mortis present - hrs after death.
On opening the abdomen intestines appear normal
A few scybalae in transverse colon -

Thorax - Lung (R) slightly adherent on lateral surface of upper lobe upper and middle lobes adherent to one another - On section, very numerous infarcts are found, from the size of an egg down to those of microscopic size - on the surface of middle and lower lobes are some of the size of a pea to shade of a pins head which have become decolorized; the largest of these are breaking down in the centre. Left lung - is in a similar condition.

Kidneys - Rt wghs 160 grammes. Left 150 grammes
Capsules of both slightly adherent. a little pus in pelvis of Right.

On removing the larynx with part attached, false membrane is found extending from tip of the tongue all over the epiglottis and roof of the mouth, posterior nares and all the upper part of the Pharynx, it also covers the epiglottis larynx and trachea as far as the 3d or 4th division of the Bronchi; its thickness varies from 1/30 inch on the tongue to 1/4 of an inch over the velum palati and uvula - Behind the posterior pillars of the fauces especially on the right side it is gangrenous

Heart wghs 25.5 grammes Considerable Superficial fat otherwise apparently healthy

Liver. 1660 grammes. Size normal. substance friable light in color, inclined to be somewhat fatty. Gallbladder full.

Spleen. normal wght 160 grammes.

Stomach contains fluid and half digested solids. organ fairly healthy. Oesophagus - healthy.

Intestines - normal.

Uterus - wght. 115 grammes. healthy - No appearance of corp: luta more recent than 5 or 6 months.

CCXII Diphtheria - Nasal

Dora Tindall æt 3, Admitted 25 May Died ~~29~~ 30 May 29.

Autopsy May 30 -

Body of a well nourished child - Rigor mortis not fairly established
On opening abdomen intestines appear healthy - but at three
places there is intussusception to the extent of 1-2 inches.
Thorax - Lungs healthy - no adhesions - bronchi contain
a good deal of muco purulent secretion -
Heart contracted - valves and substance healthy -
Larynx & pharynx healthy - Slight abrasions on both tonsils
but no false membrane - While making the incisions
necessary for the removal of the pharynx, some pus of
good quality about ℥ij in amount observed, apparently
from posterior nares - bony structures of palate &c could
not be removed for ~~examination~~ -
Abdominal organs ~~present~~ nothing abnormal -

CCXIII - Phthisis - May 30.

Mary Brown - Adm Feby 21 - Died May 30.

Ext Body of a medium sized woman - considerably emaciated
Rigor mortis not complete. body still warm.
On opening abdomen intestines appear healthy.
Thorax - pericardium appears somewhat drawn to the left.
Heart. L side contracted not very firmly - R side full of blood.
Substance & valves healthy.
Lungs - Left. completely adherent throughout but removed with costal pleura without difficulty.
Apex excavated by a large anfractuous cavity - leaving the lung substance only about ¼ inch in thickness - about half-full of creamy pus. Walls of cavity cut easily - composed of somewhat fibrous tissue infiltrated with pus -
Middle portion of lung dense fibrous infiltrated with Semicaseous substance whilst at numerous points is breaking down - Lower part of lung congested - very numerous lobular collections of small nodules of bronchio pneumonia about the size of a small pea - chiefly caseous at centre.
Right Lung - adhesions of moderate firmness throughout.
Apex in a condition of purulent infiltration with some hypertrophy of fibrous tissue - several cavities the size of a Walnut filled with creamy pus - Middle & lower lobes (& indeed the whole lung) in a state very similar to that of Left but considerably less advanced -
Liver - apparently somewhat fatty.
Kidneys - Spleen - healthy
Intestines - Small intestine normal - In caecum and ascending colon numerous ragged ulcers about the size

Size of a 5 cent piece and numerous others in all stages of advancement.
Uterus ovaries healthy.

CCXIV June 1-78. Morb: Cox: & Acute Tubere.

Body that of a boy much emaciated - Rigor slight
Large foul wound over R hip joint -
On opening abdomen intestines are found rather shrunken
Surface of peritoneum healthy -
Thorax - Heart filled with blood but substance & valves healthy.
Lungs - Slight general adhesions - On section both lungs
are found uniformly stuffed with small miliary tubercles
~~about~~ smaller than a pin's head all in about the
same stage of advancement - No softening or caseation
Liver apparently healthy -
Kidneys -

Brain - Calvaria thin - Convolutions flattened -
Arachnoid opaque; on left side in the sulci near
the ~~to~~ line of section there is a small amount of
yellowish lymph - On opening the ventricles they
are found distended with fluid - The fornix & com-
missures of 3d Ventricle are softened almost diffluent.
At the base especially along the L sylvian fissure
is a considerable deposit of lymph with miliary
tubercles on the vessels -

CCXV. June 13- Aneurysm, Arch + innominate

Patrick Tierney at 48 Adm Apr 19/78. Dd June 12th 3.30 Pm

Autopsy 20 hrs after death.

Body of medium sized man - rather emaciated - Rigor firm.

On opening abdomen intestines appear normal.

Thorax - Lower lobe adherent at lower part by soft recent adhesions - further up there is plastic lymph non adherent and beyond this intense congestion of the pleura; the surface of the upper half of upper lobe alone is healthy - The upper part of lung is compressed by about Oj of turbid serous effusion - The lower part of right lung especially at margins and for a space of 3 or 4 inches is in a state of pneumonic consolidation - red hepatisation - a small part of it has advanced to the stage of grey hepatisation - On the anterior surface there is an abscess about the size of a filbert apparently arising from a previous bronchopneumonia - Upper part of lung fairly healthy -

Left lung - non-adherent - Anterior surface healthy - posteriorly hypostatic congestion - Apex on section appears acutely congested - crepitant - on pressure exudes a large amount of frothy serum

Heart 330 gms. Substance apparently healthy - also valves except aortic which appears to be slightly incompetent. The arch of the aorta is dilated and lengthened so as to form a large fusiform aneurism involving chiefly the transverse portion of the arch

CCXVI June 14-

– Livingston Ct 17- Adm March 9th D. June 13. 11.50 Am
Autopsy 24 hrs after death-
Body of a small woman extremely emaciated. Rigor slight.
On opening abdomen intestines appear healthy. Descending colon contracted. Rectum loaded with firm faces-
Thorax. On section of R costal cartilages creamy pus flows from the pleural cavity. On further examination this is found to amount to more than two pints compressing the lower lobe of the lung which is quite collapsed. The pleural cavity is covered by a layer of firm lymph about 1/10 in thick. Upper and middle lobes adherent throughout but not very firmly. In removing the lung several openings are made through the soft walls of a large anfractuous cavity which involves the whole of the upper and middle lobes. This is nearly full of creamy pus. The remaining lung tissue is filled with numerous small nodules of softening caseous matter.
Left lung. adhesions of moderate firmness throughout. The lower lobe is acutely engorged – crepitant & floats – Throughout the lung mostly about the middle portion and least at apex are scattered numerous small racemose masses of bronchopneumonia. caseous – the largest about the size of a small pea – and softening in the center – the smaller ones firm –
Bronchi of both lungs exude pus mucopus freely –
Bronchial glands enlarged. congested. rather soft.
Larynx healthy.
Heart. Valves – Substance and valves healthy – All cavities filled with soft dark clot, somewhat decolorized in meshes of muscle.

muse. pectin. About 3j of serous effusion found in pericardium.
Liver. 900 gms. Soft, slightly fatty, otherwise healthy.
Splen 120 gms. very soft.
Kidneys. L 125 – R 110 gms. Cortex very pale. Capsules non adherent.
Intestines. peritoneal surface healthy. Mesenteric glands not enlarged. Mucous surface mostly normal. rather congested at parts. In the caecum are a few ulcers 6 or 7 in various stages. only one fully formed.
Uterus. multiparous. cervix fills with tenacious mucus
Ovaries. small. traces of two old corpora lutea.
Bones. – No appearance of disease.

Pneumonia

CCXVII

Died June 19th 78.

— McFadden. aet 63. Autopsy 48 hours P. M.
Body of medium. aged man. poorly nourished. Rigor mortis present. Considerable decomposition about neck & abdomen. Neck being quite emphysematous. On opening thorax & abdomen. Intestines found much distended & gas. 3–4 ozs of clear. coloured fluid in peritoneum. Tissues emphysematous from decomposition.
Thorax. Couple ounces fluid in pericard. Heart large & flabby. emphysematous pulm. filled & dark, fluid mixed with bloody blood. Endocard dusky stained by imbibition. Valves apparently healthy. weight 36 5 – grammes.
Lungs. L. lobe slightly adherent on post surface. dark in colour decomposed. cause congestion of lower lobe.
Right. moderately firm general adhesions. Upper lobe emphysematous pulmonic infiltration. Middle lobe congested

but crepitant - Lower lobe at upper part congested but crepitant remainder in stage of red hepatization. Other organs in an advanced state of decomposition -

22/6/78.

CCXVIII Sarah Sloan - Æt 28 - Autopsy 12 hrs after death Body of woman above middle size ~~not~~ fairly well nourished Rigor mortis firm -
On opening abdomen stomach appears distended with gas but intestines are shrunken - Consid. omental fat.
Thorax - Lungs appear healthy - Right ~~no~~ adhesions considerable hypostatic congestion -
Left - Slightly adherent at posterior ~~portion~~ part of apex - hypostatic congestion - Both Lungs otherwise healthy -
Heart at. 228 gms flabby cavities filled ~~with~~ partly with fluid blood partly with decolorised clot - The clot is quite decolorised in the Right side extends far into the pulmonary artery ~~veins~~ - In the L. Vent there is a good deal of decolorised clot in ~~some~~ meshes of ~~[illegible]~~ column ~~[illegible]~~ Carneæ and it extends also a couple of inches into the aorta - Valves quite healthy -
Abdomen - Liver very large - wt 2875 gms - color ~~light~~ yellow - On section the centres of lobules appear of darker colour than the rest - Organ extremely fatty.
Spleen very small, 30 grms? but structure healthy -
Kidneys - Capsule ~~not~~ adherent - cortex pale perhaps slightly fatty - Wt. R 150 - L 175 gms
Brain - 1275 gms - nothing abnormal -

Intestine - Some abrasions of mucous membrane in caecum - In the course of the colon are very numerous patches apparently of extravasated blood. These are round or elongated in shape about a tenth of an inch in diameter the elongated ones being 1-2 inches long by $\frac{1}{10}$ in. They are dark in colour elevated in the centre. They are not surrounded by any zone of congestion.

CCXIX. June 28/78.

Phthisis

Body of a young woman - tall - emaciated - Rigor present - Considerable ædema of feet & ankles - Scars about neck & angle of lower jaw.

On opening abdomen found a pair cent. of fat in omentum. Some enlarged gland in mesentery corresponding to Cayum. Numerous adhesions between liver & diaphragm Equally distributed. Eleven ounces of tinted fluid in Cavity - Right pericardial sac enlarged & filled along with ounces of pericardium seven ounces of pure serous fluid. Heart weighs 330 grms. pale & flabby; & all Cavities filled with blood; Valves Competent & healthy.

Left lung had firm general adhesions being less over the lower lobe leaving room for seven ounces in pleural Cavity; Left Lung is & Cavitied at apex by a large Cavity which occupies about the half of the upper lobe. Rest of upper lobe & lower lobe are firm & dense & on section are greyish yellow with patches which are Confluent with each other. These patches or masses but firm at the periphery with deeply pigmented fibrous tissue in the Centre

Lower part of lower lobe is rather oedematous with numerous small nodules of caseous matter pigmented at the centre.
Right Lung has it's upper lobe Similar to left but with some scattered Grey tubercles. Middle & Lower lobe same as left. Bronchial glands much Enlarged Considerably pigmented some & Caseating on section. Trachea & Bronchi & Oesophagus & on section yield a frothy Muco purulent fluid.

Liver weighs 1460 grms. Adhesions above. Substance pale & friable probably fatty. Gall-bladder Contains thickened, Containing thin bile. In portal fissure is a mass of indurated glands surrounding the duct like a horseshoe but not Compressing them.

Spleen weighs 130 grms. Has a few fine adhesions to the diaphragm. Numerous round Caseous nodules scattered throughout substance ranging in size from a pins head to a small pea.

Kidneys weigh 240 grms. Capsules not adherent In Cortex of right Kidney are some tubercles

Uterus & Ovaries Healthy.

Intestines. Peritoneal surfaces healthy. In small intestines a patch of ulceration & redness 6- the Caecum about three inches in length. Two feet further up are two patches of Ecchymosis.

Pyæmia

June 30 - 78.

CCXX. - Mary Tucker Æt 63 - 30-36 hrs after death.
Body of an old woman fairly nourished - Rigor present
A clean cut partly healed from angle of mouth to angle of jaw on R side - Swelling about neck especially on R side -
On opening Abdomen intestines are found distended with gas otherwise healthy.
Thorax - Heart large flabby covered with a thick layer of semifluid fat. Cavities all partly filled with dark fluid blood frothy from decomposition - Endocard deeply stained - Valves all competent - Several atheromatous patches in aorta -
Lungs - deeply pigmented non adherent - dark colored on section very crepitant from natural air & gas of decomposition.
Liver pale - decomposed - on pressure exudes much fluid frothy darkblood -
Kidneys & Spleen in similar condition especially latter.
Uterus small - Fallopian tubes & ovaries bound to ilio pelvic surface by old lax adhesions -
On tracing the veins to the seat of operation they are found deeply stained, moderately full of dark fluid blood but free from thrombus - A small abscess & considerable purulent infiltration at angle of R jaw

CCXXI Rupture(?) Chord. tend.. mitral.

George Duffin 19. Heart disease. Aut. 24 hours after death. Slight & sparely built. Body not emaciated. Nothing remarkable on external exam. of body

Position of viscera normal.

Lungs. 10 oz clear amber colored fluid in each pleural cavity. No signs of recent pleurisy. A few old adhesions in rt. axillary region. Lungs crepitant throughout but heavy and on section are infiltrated with serum which on pressure exudes as a frothy blood stained fluid.

Heart. About ℥ss of clear amber fluid in pericardium. Left heart greatly distended. Rt. heart contains little blood. Heart with blood which it contains when removed weighs 550 grms. When blood was removed 450 grms. Both vent. greatly dilated & hypertrophied. Left ventricle is so distended with blood that interventricular septum is crowded over into rt. vent. & cut into in opening latter cavity. The clot is chiefly black — only a thin layer of decolorized clot at bottom. A thin layer of decolorized clot is found entangled in columnæ carneæ & chordæ tendineæ of right side.

Valves & orifices of rt side normal.

Mitral valve. Aortic segment floating loosely in cavity — chordæ tendineæ having given way. Both surfaces of both segments rough & covered with vegetation.

On interventricular wall opposite vent. surface of aortic segment endocardium is rough & covered with fine vegetation.

Aortic valves. Thick esp at edges incompetent. Some

Few vegetations on the surface of two outer segments:
Aorta small and shows a few patches of atheroma just above free margin of valves.
Pulm. artery normal. Left auricle distended with blood otherwise normal. Rt. normal also
Spleen 275 grms. Contains two large infarcts:– one at lower extremity pale & firm & large as a hen's egg. The other at upper extremity. Evidently recent. red & softer & somewhat larger than the one at lower extremity
Liver large & congested.
Kidneys pale. Capsules detach readily. Proportion of Cortex to Medulla normal. Left kidney contains a large depressed cicatrix on convex border (probably remains of an old infarct)
Stomach & Intestines normal.
Brain normal

CXXII Aneurysm (Thoracic Aorta).
Noah Holland æt -

Body of a well nourished man of medium height - Rigor present.
On opening abdomen intestines are found rather contracted; organs ~~the~~ generally appear healthy.
Thorax - About 2 oz of clear fluid in pericardium.
Heart weighs 310 Gm - pretty firmly contracted - Aortic valves slightly thickened; mitral valves have a couple of small patches of atheroma - Valves competent - substance of heart healthy.
Lungs dark in colour & contain a large amount of pigment - Right lung pleura Left firmly & completely adherent - Both lungs are considerably congested & exude much frothy fluid - All the bronchi uniformly inflamed & covered with tenacious secretion. The trachea at its bifurcation together with the main bronchi at their origin is found compressed from behind by an aneurysmal sac which is preserved for further description below - In front of the trachea opposite the sac is an enlarged gland firm and deeply pigmented about 1 inch long by ½ broad & about ⅓ in. thick, lying with its long axis slightly oblique to that of trachea - This evidently aided in the compression - Bronchial glands are all deeply pigmented & somewhat enlarged - One of them is soft & cretaceous. No tubercle found in Lungs on rather cursory examination.
Liver weighs 1480 Gm. Healthy in structure - firm. somewhat
congested

congested & contains rather more than usual quantity of bile.
Spleen 108 grms. healthy.
Kidneys 375 grms. Capsules rather adherent. Firm in structure & rather dark in colour.
Stomach filled with yellow fluid of ordinary character.
Intestines healthy. Pancreas small but healthy.

CCXXIII Phthisis – Ulceration of Intestines

Ellen Gorman æt. 23. Autopsy 20 hrs after death.
Body of a medium sized woman much emaciated
Rigor present. Slight jaundice.
On opening the abdomen the intestines are found
in this condition: The small intestines have numerous
bands of discoloration about ½–1 inch broad caused
apparently by deep congestion of the part. Several of
the bands have a number of spots of lymph on
them & there are slight adhesions of the inflamed
patches to the contiguous structures. At some parts these
are pretty firm. The coils of small intestine filling
the pelvis are the most deeply affected. Separating
the coils from each other & from the pelvis even with
considerable care several small perforations are found
but are probably caused by the act of removal. Liquid
yellow faeces escape. Externally the large intestine
appears healthy. There is a small amount of rather
turbid serum in the peritoneal cavity. The left
lobe of the liver is adherent to the diaphragm
by a slight coating of recent lymph. The great
omentum is healthy, with little fat in its structure. The
gastro-colic omentum rather thickened. Stomach
moderately full of fluid & gas.
On opening the intestines: in the duodenum a shallow
ulcer with clean-cut circular margin & about one
third of an inch in diameter, is found. The duodenum
generally is rather congested. With this exception the
upper half of the small intestine is fairly healthy.

About half way down is found a patch of ulceration about ½ inch broad extending completely around the gut. The margins are thickened; the surface irregularly nodular, showing between the nodules the fibres of the circular coat. At one or two points the intestine very nearly perforated. Similar patches 12 – 20 in number occupy the rest of the small intestine. The intervals appear fairly healthy. The patches become more numerous as one approaches the colon.
The whole surface of the colon is ulcerated in a manner similar to that of the small intestine.
The whole of the large intestine except the sigmoid flexure rectum is affected by patches of ulceration larger & more thickly set than those of small intestine. They have apparently ~~the~~ tendency to perforate. The peritoneal coat is unaffected but the circular muscular coat is distinctly seen at the bottom of large surfaces of ulceration. In some patches there are small clots of blood as if vessels had been perforated at these points. The large intestine is filled but not distended, at its upper part with fluid, at its lower with more consistent faeces.
Liver; Size normal – adherent as above – Light yellow colour, moderately firm – appears fatty-fibrous.

Spleen – slightly adherent by recent lymph over its whole surface. Rather friable.

Kidneys apparently healthy. Uterus healthy
Ovaries white, small rounded no traces of
recent corp: lutea.
On opening thorax lungs collapse fairly.
Pericardium contains a few ounces of clear serum
Heart. a round white spot size of a cent on ant
Surface near apex. Small amount of clotted
blood in all cavities, partly decolorised. Substance
healthy - valves competent.
Lungs. Moderately firm adhesions on upper part
of both lungs chiefly posteriorly. Right lung at apex
pretty uniformly caseous with 2 or 3 cavities size of
a filbert filled with thick pus. Lower lobes congested
exuding much frothy serum on pressure; a few nodules
of catarrhal pneumonia scattered throughout.
Left lung similarly affected but more so. Nearly the
whole of upper lobe caseous. Cavities more numerous
but not much larger. Lower lobe congested
& has scattered nodules like the Rt but more
numerous.

Sept 3 - CCXXIV Graves's Dis - Suppuration of thyroid + Pyæmia -

Mary Collins 23. 19 hours after death

Body of a medium sized young woman fairly nourished; very slight mammary development - Symmetrical swelling in region of thyroid on L. side of which is a small opening discharging on pressure creamy pus - Considerable exophthalmos -

On opening abdomen organs appear fairly healthy.

Thorax - Pericardium normal - Small quantity of clear serum - Heart 235 grms. Sabatiere valves healthy. R auricle + ventricle contain a good deal of friable clot.

Lungs - Old firm adhesions over considerable surface especially of L lung. Lungs crepitant. On pressure exude a good deal of frothy serum - Equally distributed through both are small dark patches (infarcts) - the largest about the size of a bean - In 2 or 3 places are thromboses of pulmonary arterial branches - vessels being of about 1/15 inch in diameter with no infarct corresponding - None of the infarcts have suppurated or softened - Lungs are light in color + in general appearance healthy.

Liver 1050 grms - Surface + on section obscurely mottled but no definite infarcts - Gall bladder moderately full.

Spleen rather large, firm, Malpighian bodies very distinct no infarcts - Pancreas normal -

Kidneys - 300 grms - Capsules not adherent. Numerous dark patches on surface of both (infarcts) - The left has a couple of small abscesses (size of pea) + small quantity of pus in pelvis apparently derived from these.

Stomach & intestines apparently free from disease.

Brain 1280 grms. Sup. longitud. straight & the lateral sinuses with sup. cerebral veins down to their finer branches filled with a firm black ~~plat~~ clot in which are noticed here & there suppurating points. Membranes much congested and surface of brain saturated. The brain was not dissected when fresh but was preserved in chromic acid solution. On dissection the whole interior of the left hemisphere was found quite soft and broken down. A smaller spot of similarly softened substance was found in rt hemisphere in roof of ventricle. Also a clot 1 long & 3/8 in. diam. in left ant. lobe.

Thyroid gland was found to consist chiefly of cysts of various sizes between which were traces of gland tissue. A cyst in the left lobe had been opened & contained some pus. A large cyst occupied the position of the isthmus & contained a sero-purulent fluid. Other smaller cysts of all sizes were found in the right lobe some containing serous fluid & others caseous products. There appeared to be hardly any gland structure in the left lobe or isthmus

CCXXV Sept 6th '78

Ally Fitzsimmons 50

P.M. 10 hours after death. Body that of a well nourished woman. Large fistulous opening connected with bowel in right groin below Poupart's ligament. On making preliminary incision layer of pan. adip. very thick.

Thorax. Position and appearance of organs normal. ~~A~~

Lungs. – normal. No adhesions. No pleural fluid

Heart. Covered with fat. Rt. auricle contains a large decolorized clot which extends into Rt. vent. & is from thence continuous with a similar clot extending up into the Pulm. Artery. Rt. vent. contains decolorized clot also extending into Pulm. Artery. Left auricle contains some dark fluid blood. Left vent. almost empty. Valves & orifices of Rt side normal. Mitral valve much thickened. & patches of atheroma at attachment of chordae tendineae. Endocard. of left side of the whitish color in places. Some atheroma in small spots in aortic arch. – Aortic valves normal.

~~Kidneys & Spleen normal.~~ (and spread widely in P. cavity-

~~Intestines~~ Abdomen. Omentum thick & fatty. & large Intestines matted together with thick layers of pus & soft yellow lymph. On dissecting them from mesentery a loop is found which passed down, knuckle crural ring & formed a hernia. This loop was formed of a single knuckle of the upper part of the Ileum. It was firmly adherent to the sac from which it could not be separated – the muscular coat of the bowel being torn away in the attempt. Extensive

General peritonitis - the upper portion of intestines being much congested - lower portion matted together with lymph.

Kidneys & Spleen normal

Stomach Lungs also normal.

Bladder & Uterus not examined

Brain Dura Mater firmly adherent to skull Arachnoid cloudy & opaque in a large portion of its extent. Convolutions prominent showing slight atrophy. Atheromatous patches in vertebral & Basilar art.

Brain not incised

CCXXXVI Great Dilatation of Arch Sept 2nd 78

James Joyce 40.

P.M. 32 hours after death.

Body that of a large powerfully built man. Scalp wound just above centre of forehead. No emaciation

Thorax and Abdomen. Position and appearance of organs normal. Fracture of Sternum between 1st & 2nd pieces

Lungs much congested & bronchial tubes full of frothy mucus

Heart covered with fat. Arch of aorta dilated into a large pouch on convexity

Chambers all contain more or less blood. Valves normal but all the orifices very large.

A great deal of atheroma of ~~thoracic~~ aorta ~~[illegible]~~ which is dilated so as to form a large pouch over convexity.

Some of the patches of atheroma are becoming calcified but most of them are quite soft.

Spleen normal.

Kidneys normal

Stomach & Intestines normal.

Liver somewhat enlarged & fatty.

Bladder distended with urine but normal

Comminuted fracture of 6th cervical vertebra

Brain not examined

Sept 7.

Delcourt

(22)

Body of a well-built man of medium height. Considerable jaundice.

A very hurried examination made without discovering anything except probably commencing cirrhosis of liver a portion of which was reserved for microscopic examination

Sept 8th Phthisis & recurrent hæmop. Pulm: Aneurysm

CCXXVII

Body of a young man of medium height slightly emaciated - Rigor mortis persistent.

On opening abdomen a few flakes of recent lymph are seen on ant^r surface of liver & apposed surface of diaphragm - A few ounces of rather turbid fluid in peritoneum - Mesenteric glands rather enlarged

Thorax. About 2 oz clear serum in pericardium.

Heart cavities filled with moderately firm clot - Valves & substance healthy -

Lungs. Left free - Right firmly adherent over its whole surface. On section the apex (R) consists of a very thin walled cavity size of an orange containing a small quantity of creamy pus, no blood - ~~blank~~ int^r surface smooth - In the post^r part of R lung on a level with the root & about 2½ inches from it is another cavity about the size of a hen's egg. This is filled with soft clot of uniform dark colour. On removing this clot an aneurysmal sac is seen. It is oval in shape about 1 inch by ¾ in; lying with its long axis transversely to that of thorax. Its anterior surface is smooth rounded & apparently thickened by lamina of fibrin internally Its posterior surface is very thin & adherent to surface of cavity 3 or 4 small openings are formed of which some may have been formed by unavoidable violence in removal of lung - The tumour is preserved unopened - No vessel of any size could be discovered in the neighbourhood of the aneurysm - The rest of the lung is pretty uniformly

uniformly studded with racemose tubercles very few of them caseous. The whole of the left lung is in same condition but tubercles less numerous. No breaking down. Both lungs on pressure exude a large amount of frothy serum. A small quantity of blood has been inhaled into the lower lobes but no trace of any bleeding point can be found except the aneurysm above mentioned.
Liver & kidneys apparently healthy on section.
Spleen large - pulpy.
Intestines. Near the ileo cecal valve, in the small intestine are numerous shallow ulcers $\frac{1}{10}$ - $\frac{1}{4}$ in in diameter with clean cut edges the extend at intervals for about a yard up the small intestine becoming small & less numerous. total number about 20. In caecum & colon no ulceration but many of the solitary glands are enlarged.
Brain apparently healthy.

Sept. 10th CCXXVIII Typhoid - Peritonitis

A. Searle - at 24, Autopsy about 8 hrs after death.
Body of a tall powerfully built man. Rigor very strong.
On opening abdomen omentum is found adherent to subjacent intestines & these to each other by a considerable amount of recent lymph. Surface of intestines intensely congested. Liver & diaphragm adherent in same manner - About 20 oz of turbid yellow fluid looking as if mixed with faces but without odour.
On removing this & opening the intestines they are found to present all stages of typhoid ulceration
About 8 feet from the ileo-cæcal valve Peyers patches are a good deal thickened lower down they are partly ulcerated; the affection increasing pretty uniformly reaches its maximum at the valve where the surface is one continuous sapped ulcer - Solitary glands similarly affected pari passu.
Cæcum shows a number of round ulcers & some hypertrophied lenticular glands -
Kidneys apparently healthy.
Liver rather congested & soft.
Spleen large soft.
Thorax - Lungs collapse fairly, but on further examination are found decidedly emphysematous; all the edges are fringed with bladder like appendices: these are most marked at the lower edges posteriorly where there are masses the size of a child's kidney.
There are old adhesions at apices of both lungs & corresponding with them small abolescent tubercles.

the lung surface being puckered over them.
Heart healthy in substance - Valves competent.

CCXXIX

Sept 11th Aneurysm.
John Mullee Æt 40. Autopsy 26 hrs after.
Body of a medium sized man. emaciated. Lower extremities edematous. Rigor very slight.
On opening abdomen omentum & intestines appear healthy
Thorax. Both lungs closely adherent to chest wall & diaphragm & the lobes to each other.
Heart immensely hypertrophied mainly left vent. No valvular lesion can be discovered.
The aorta is somewhat dilated at its origin & ~~higher~~ further on an aneurysm is found involving about ½ the ascending & the whole of the transverse arch.
It extends chiefly laterally to the right. It is closely adherent to the chest wall & the cartilage of the second rib & a small portion of the rib itself atrophied by pressure
This part of the sac is filled with tolerably firm clot
The right recurrent laryngeal nerve is not interfered with but the left is probably stretched by dilatation of the vessel. The aorta generally is very atheromatous.

Diaphragm is closely adherent to abdominal organs as well as lungs. On Right side about the centre of lower surface of right lung there is a plate about 2½ by 2 inches - oval - involving the whole thickness of diaphragm & adherent to lung & liver.
It is composed of osseo-cartilaginous material very like costal cartilage in old age.
Liver with exception of adhesions to diaphragm fairly healthy.
Kidneys - Capsules rather adherent. Organs rather small but not manifestly unhealthy -
Spleen rather large; firmly adherent to liver.
Intestines healthy.

Sept 20 [illegible]. Typhoid Fever.

— Patten ob 22. Autopsy abt 18 hrs after death
Body of a young man of medium height fairly nourished
Rigor firm - Post lividity of dependent parts - Surface
of abdomen slightly green.
On opening abdomen intestines are seen rather
distended with gas. The larg intestine & lower part
of small do are of a dark colour - A few white patches
(Peyer's) are seen through the peritoneum.
On opening the intestine the upper part appears
healthy - The lower 3 feet next to ileocecal valve
are in condition of typhoid thickening & ulceration
of patches - The part of the gut is also fairly filled
with blood & dark semi fluid, apparently recently
effused - One small ulcer has what seems to be a
small clot in its centre - None of the others appear to
have been the source of hæmorrhage - The coats of the
intestine are deeply stained at this part.
Large intestine fairly healthy - The cæcum & first
part of ascending colon are much stained & contain
a considerable amount of blood like that in
ileum.
Liver wt. 1535 grms - anæmic & rather soft.
Spleen 360 grms very soft.
Kidneys 155 grms Each - Capsules easily removed
substance rather pale -
Heart 185 grms - Small clots in all cavities - Substance
& valves quite healthy.
Lungs - No adhesions - pale & watery - hypostatic congestn.
healthy.

Sept 20. Carcinoma Uteri &c- CCXXXI

Agnes Glen - Ab' - Autopsy (two) 2 hours after death
Body of an old woman - Extremely emaciated +
Moderate adema of feet + ankles - Rigor not established
On opening abdomen - Intestines - contracted to about size
of little finger - In the lower part of the abdomen & in
the pelvis they are adherent to each other & to the uterus
There is a small quantity of very turbid fluid in
peritoneum & a few flakes of lymph on surface
of intestines - Uterus &c removed En masse & examined
The uterus is found to be large + its surface nodular
& corroded ~~The~~ The glands & tissues generally in the
pelvis are enlarged + adherent so that the pelvis seemed
to be quite filled with a uniform solid mass - The
upper part of vagina & the part of uterus there present
form a large foul fungating surface - The posterior
wall of the bladder is ulcerated through for a space
about the Size of a sixpence. The mucous membrane
is intensely congested + numerous flakes of lymph
are visible. The cancerous mass has involved &
obstructed the right ureter which above it is much
dilated - The pelvis of the R kidney is dilated to Size
of a small orange + the kidney substance considerably
atrophied - Between uterus & rectum is an
abscess cavity filled with thick ~~yellow~~ greenish
yellow pus. This opens above, either naturally or by
gentle removal of slightly adherent intestines,
into the peritoneal cavity - Below it seems to com-
municate with the large ulcerated surface

The coats of the rectum behind this are considerably thickened apparently from cancerous deposit & the lumen of the gut will not admit more than a large index finger -
The retro-peritoneal glands are greatly enlarged
The vena cava & its tributaries are filled with soft crumbling decolorised ~~clot~~ thrombus from about the level of the right renal vein -
The left kidney is fairly healthy ureter free.
Spleen very small -
Liver small - pale - healthy.
Thorax - Lungs pale - not adherent - collapse well.
At apices of both are a few old small old tubercles
Lungs otherwise healthy -
Heart small - large amount of external fat; not apparently unhealthy -

Malformat. Cord. 28/9/78

Case. CCXXXII

-A.B. male infant. 13 days old.: cyanotic from birth. Body well nourished. of fair development. Skin of face of leaden hue chest and abdomen. darker. Umbilical cord at birth was exceedingly small. The child suffered from paroxysms of dyspnoea ended at last in convulsions

Nothing abnormal in abdomen.

On opening the thorax heart in pericardium occupies an unusually large area of the anterior part of the chest. No fluid in sac. R. lungs & aorta removed together

all chambers appear dilated and are full of dark clot- & fluid. Heart large 2½". length from rt. of aorta to apex on ant. surface 4.CC. breadth at base 5.CC. circumf. at base of Vs 12.CC. of this the circumf. of base of rt. vent. forms 7½ CC.

Rt. auric. dilated measr. 4 CC in trans. diameter. Endocard natural Eustach. Val. thick, not large. Foram. ovale. partially closed. an oval aperture 5 MM. long. 3. M. broad. remaining; behind this & separated from it by a thick process is another tiny orifice in the septum.

Sup. & inf. cavae large. Tricuspid orifice measures segments of val. distinct, though united to within a short distance of the apices; the auricular surfaces of which are studded with numerous gelatin vegetations, about size of millet. seeds. Chord. tend. narrow, those to ant. segment shortened. & are thickened. Rt. vent measures from behind. Tricusp. v. to apex 3.CC. circum. about middle 5½ CC. Conus arteriosus is narrowed to a small funnel shaped tube which end at a pin-point in a tiny cul-de-sac corresponding to which in the exterior of the heart a narrow cord-like vessel is

is attached. Behind & to the left of Tr. orifice & occupying a point
between the Conus & left seg. of Tricuspid is a mass of beaded
gelatinous vegetations to apex of which a chord. tend. passes to the
wall of vent. anchoring it in this position. On inspect. these
veget. are seen to spring from a thin memb. wh. forms the upper
part of the vent. septum; on pushing back this memb. an orifice
is seen in the septum measuring 9. M M in trans. diameter &
about 7. in vertical; The lower circum of this opening is formed
by muscular wall of sept. which is here 5 M M. in thickness: the endo-
card. about it is thickened & upon the free edge. are some fresh beads
The upper pt of the orifice is bounded by a thin translucent memb. which
extends in a valve-like form into the right vent. where by its beaded extrem-
ity it is anchored by the afore-mentioned chordæ tend. This imperfect-
ion of the septum is conf to ant. part, the post. portion is closed
by a thin membrane. and to this the adjacent segment of Tricus. is attached
The tricus. orif. lies to the right and behind the open. in the sept. The walls
of R.V. meas. at mid. of ant. pt. 9 M. at base 12 M. M. sub. very pale. fatty. Left
Aur. about ½ size of right. Endocard. nat. looking. Pul. Veins normal. Left
Vent. dilated meas from aortic orif to apex 3½ C. Circumf. 6 C. Endocard
natural. Mus. sub. not nearly so pale as in right. Mit. Val. healthy. Orifice meas
. Aortic valves normal. Aorta itself large. ½" above valves measures 2¾ C.
in circumf. From under surf of arch a large ductus art. springs. wh. enters the
Pul. art. at its bifurc: the vessel is 8 M in circum. Pul. art. after leaving
heart. pass as a narrow tube for 7 M. widening grad. until it reaches
the point where the D. art. joins its main branches. The finest bristle cannot be
passed thro the const. P. art. into the R. V. In its narrowest portion it admits a probe
1 M in diameter. Main division of Pul. art. appear of full size
Lungs. present scattered patches of collapse. which disappear on inflation. No spots of apop.
Spleen. natural looking. Kidneys present. uric acid infarct. in the tubules
Stomach & intes. normal. Liver healthy. tho congested.

CCXXXIII Hypert. Cord.

James Bennett - act . Died Sept 29/78.

Body that of a fairly well nourished old man
Skin of neck & face & dependent parts of a deep
purple color - Freckles over abdomen & inner
& anterior surface of thighs : œdema of legs & scrotum
On opening the abdomen about a pint of clear fluid
over the spl & certain of the coils of the small intest: are
small (smooth) milky opacities. Kg long and curved to the right) S. pleuræ.
In right pleura. 60 ozs of turbid serum, much lymph
Over the pericardium and pleura of this (right) side; thickened
over the diaphragm & pericardium -
In Left pleura - 30-ozs. of clear fluid -
In pericardium - 8ozs of clear fluid
Left Lung. adherent by a strong band, to the diaphragm
and also at apex. Right. adherent only at apex
Heart greatly enlarged - 4/710 grammes 2177 22 Rt auricle distended - chiefly by
large blk coagula, which extend into the veins
Endocardium, opaque, particularly about fossa ovalis
Right Vent: much dilated & filled w dk. jelly-like clots
The chamber measures, from the pulmon: ring along
the septum to the apex 4 1/4 inches
Along the ant: wall from the pul:-ring - to apex 3 1/4
Circumference midway between pulmon ring and
apex 5 1/4 inches - Cone-ring of 6 inches passes Easily
thro' tricuspid orifice, the segments of which are
a little opaque and not much thickened, pulmon-
Valves, normal, fenestrated -

Left Auricle - Would hold an orange - endocard - opayne
Left Ventricle - Contains dark, jelly like clots about the trabeculæ, they are decolorised - Aortic ring 3⅓ inches in circumference; chamber measures from the aortic ring to Apex - 4 inches - Circumf. of chamber - 7 inches
Mitral Valves - Ant: segment a little thickened at the edge papillary muscles, slightly fibroid at apices. Endocardium cloudy, and about middle of segment is a fibrous patch four (4) lines in breadth and about ⅛ a line in depth. - Interlacing columnæ carneæ are numerous decol: & firmly adherent clots
Mitral Orifice 4⅔ inches in circumference -
Aortic Valves - opayne, thickened, particularly left anterior which has a calcareous plate. Two of the valves are other thick & prominent attached margins fenestrated - Walls of the left ventricle; ant: part about the middle, 7/8 of an inch, Post. part the same - Muscle substance a little pale -
Aorta - not dilated - measuring, 2 inches above valves, 3½ in. in circumf: intima smooth - not atheromatous in ascending part. lower part of the transverse portion one or two small patches In the Thoracic part - only about orifices of the intercostals - one of the largest patches being in one of the common iliacs - Carotids not atheroms:
Left Lung - Upper lobe, presents two lge masses of consolidation, one occupying the ant: border about 2½ in in length and same in breadth, extending throughout thickness of lobe, on section is a deep blkish red color

color, evidently a patch of apoplexy. Second patch is larger occupying the lower third of this lobe, & presenting similar characters to the other: rest of this lobe is crepitant & of a brownish colour. The lower lobe crepitant; at the post. part below there is an area of fibroid degeneration an inch & 1/2 in lgth, by one in breadth extending thro' the lobe. this does not extend to the per margin, 3/4 in
This patch is of a pale yellow colour. very firm, surface smooth. vessels & bronchi gradient;
of apoplectic portion, intervening. The pleura of the lung, is covered over c firm fibroid patches, usually pigmented.

Right Lung. Upper lobe crepitant throughout, ant. part a little oedematous. Middle lobe contains a patch of apoplexy, the size of an orange; springing from this lobe above is a small supernumerary lappet which is collapsed. The central part of the lower lobe also apoplectic. Trachea & bronchial tubes contain thick bloody mucus; lining membrane injected, bronchial glands pigmented not enlarged.

Spleen wghs. 115 grm: small, on section trabeculae distinct pulp dark, Malpighian bodies small.

Left Kidney 175 grmms. several cysts on sfce marble sized and 5 or 6. puckered deep depressions as if at these spots cysts had burst. Capsule detaches c a little difficulty leaving sfce of kidney finely granular. On section, cortex not diminished except beneath the puckerings Mal: bodies distinct

Right Kidney. 130 grm. also puckered. cysts more numerous but smaller, general appearance similar to that of the left.

Liver - Small ugly has a doughy soft feeling anterior edge a little puckered. On section, organ nutmeg - intermediate portion of the lobule, pale and look fatty - Veins & arteries appear normal. Common bile duct pervious -

Stomach. A glary mucus, coats it. Mucus membrane appears to be otherwise healthy, is not thickened or mammillated -

Duodenum - normal - Ileum - also -

Brain. - Arteries at base somewhat opaque, Int. Carotid opaque & somewhat atheromatous, same appearance in the Sylvian arteries. Left for dissection.

Case CCXXXIV. Typhoid Fever.

Person ext-

General appearance. Body that of a well nourished man Skin of dependent parts stained Rig Mort present On opening abdomen position of Viscera normal no fluid mesenteric glands On opening thorax no fluid in either pleura. Lungs do not collapse much Pale In Pericardium 2 3 of citron colored fluid a few flocs of lymph A few adhesions on left lung behind

Heart - Right Auricle full of fluid Blood no clots

about 20 ℥ Blood escapes on removal of heart & lungs

Right Vent also contains fluid Blood Valves normal Tricuspid orifice admits one a ring 6 ins in circumference Circumf of chamber 7½ inches / Pulmonary orifice 3½ inches in Circumf

Left Ventricle Mitral Valves normal Semilunar same / segment-less Length of chamber 3¾ inches Circumf 5½ inches Circum of aortic orifice 3½ ins

Lungs Crep throughout at bases heavy edematous and congested at base of Right Lung one or two small spots of apoplexy

Spleen weighs 560 grms is tolerably firm on section a dirty dark red color mal bodies appear as small white points and are numerous

Kidneys Cap detach readily surfaces smooth stellate veins prominent on section cort a little pale pyramids in regions of Mal tubes and vasa recta are injected Right 186 Left 183

Stomach contains small quantity of dirty fluid
Mucous membrane of fundus
deeply injected mucous membrane
appears healthy
Duodenum normal
Jejunum contains yellowish chyle
Ileum Peyers patches affected at
upper part - about 5 or 6 feet from valve
solitary & agg glands begin to swell
and from this point are uniformly
enlarged The patches Immediately
swollen some of these present
cribiform appearance about 8 in
from valve one two small ulcers
this only ones to be seen The portion
of ileum next to valve is much
swollen But only here and there
and here also solitary glands much
swollen the Coecum is injected
solitary glands not swollen
Appl Vermi contains some soft-
coecal con nothing special in
colon

Liver soft and flabby on section
pale Lobules coarse looking and
large Ductus communis is
pervious

Brain nothing abnormal Vessels at-
base atheromatous

7/14/74

Case CCXXXV. Diphtheria
Tuberculosis

Gen. appearance. body that of a well nourished & developed
Child 3 yrs of age. Skin of dep. parts discolored
Vessels swollen, from mouth runs a bloody fluid
Glands: On making pre. incs. tissues of thorax much
infiltrated with serum On opening abd. liver appears
studded over with white spots about size of pins head on the
ant. sur. post. both of abd. walls & diaphragm are numerous similar spots
on mesentery are a few clear translucent nodules more large
than pins head. surfaces of small intes. not affected and sur. peritoneum
with exception of above mentioned spots & a small area just
above the pubes unaffected. On opening thorax lungs fail
collapse & do not collapse. nothing in ant. mediast. Pericard. Natural
no fluid in pleural right auricle full of fluid blood & contains no
discolored thrombus. nothing abnormal in right vent. Left vent. contracted
& contains firm thrombus valves normal one leg of semi. semilunar
valve much very pale.

lungs. Crepitant throughout. on surface can be felt some small
firm bodies just in sub. & compound to the pleura. cut. surface of
Larynx proper unaffected, undersurface of epiglottis presents distinct patches

post surface of uvula tonsils & post. wall of soft palate covered
with very thick membrane 2½ lines in diameter & extending deeply into the
subjacent tissue. Trachea unaffected. Bronchial glands a little tumefied
& in one or two small recent tubercles no caseous masses
Spleen firmly att. to diaphragm & covered over with numerous
white masses, on section entire organ is studded with numer.
tubercles are firm translucent about size of small shot &
scattered among them are to be seen the Malph. corpuscles, weight 90 grms
Kidneys Capsules thin & detach readily traces of primitive
lob. still remain cortex anaemic slightly swollen Pyramids
contain blood, Right kidney similar appearances, left kid.
weighs 70 grms. Right kid. 65 grms
Stomach Contains numerous curds, muc. mem. looks natural
Liver. Of av. size Capsule studded over with fibroid flakes
on section whole organ is studded throughout with num. small tubercles
and also with small tubercles, intest. externally exam. appear
normal mesenteric glands slightly swollen

7/10/78

Case CCLXXXVI Foreign body in Oesop. Ulceration. Retro-pharyg. Absc.

Jane Gilmor aged 56 Ent. Oct 5th died 6th – 78

Body that of a very corpulent & large woman face much suffused bloated & emphysematous skin of dependant parts stained, on ankles old dark brown cicatrices ~~th~~ one small ulcer over inner malleolus of left leg. On opening abd. omentum & mesentery very fatty & signs of an old peritonitis in diff localities particularly about pelvis. In thorax much fat over pericard. tissues in ant. mediast. over root of aorta infiltrated with pus. Same extends up neck in front of trachea. Tissues of ant. mediast are also emphysematous. In post. mediast. cavity to apex of right lung tissues in state of suppuration. On removing tongue pharynx & oesop. together whole of tissues at back part of throat & whole of front of spinal column is in condition of suppuration, much foul pus infiltrating the tissues which are in places sloughy, specially intense about oesophagus extending along it to about 1/2 an inch below bifurcation of windpipe. Extends laterally involving tissue about the great vessels. On opening the gullet from the pharynx a bone is seen imbedded in ant. wall of oesophagus immediately below the cricoid cartilage it is imbedded in this sit. the sharper ends towards the right having punctured mucous membrane. On lifting it up it is seen that left end has perforated the tube having suppurated through. Sharp end towards right has only perforated the mucous membrane which is ulcerated at that point. No further ulceration in the tube.

<u>Heart</u> Large & fatty right aur. endocard. much stained pulmonary semilunar normal, one segment slightly fenestrated. Tricuspid orifice 5 1/2 in in circum. Left vent. not enlarged mitral valves a little thickened ~~at~~ the free edges.

Right lung very dark & congested at dependant part but crepitant throughout; left lung oedematous & contains much blood

Spleen closely ad. to diaph; very soft & friable & torn in the attempt to remove it.

Kidneys soft & flabby contain much blood chiefly in pyramids & vessels at their bases. Capsules detach readily a few cysts occur scattered through the organ

Liver soft ~~nuss~~ misshapen having a groove on the upper surface of right lobe & the whole organ shortened from side to side on the surface are one or two paler areas which on section correspond to Patches of an anaemic tissue. Organ soft & friable & fats

Stomach coated with a dirty slime Cardiac end injected; at Pyloric end one or two minute ~~piece~~ losses of substance; the membrane at this part is thin yet tough and presents a fine cribriform appearance
Intestines contained a yellowish chyle nothing ab~~x~~normal noticed. in either large or small bowels

In Pelvis there are signs of a by-gone inflammation, numerous fibrous bands crossing the peritoneum from the ut. to rectum and the left ovary & tube are matted together --

CCXXXVII Diphtheria 7/10/78.

Child, female ad. 3, with hip joint disease. This child will be described under CCXXXV were inmates of the children ward, when another child a convalescent from diphtheria was brought in 7 weeks after the attack, but still wearing a tracheotomy tube, & a short time before had coughed out through the tube a piece of membrane.

Body that of a tolerably well-nourished child. Neck swollen, face suffused.
Nothing abnormal in abdominal cavity
On opening the thorax the lungs do not collapse, but mean of full volume. Heart. Rt auricle contains some fluid blood and a large gelatinous clot (decolorized). Nothing special in right vent. Left chambers appear normal. Muscle substance of good colour.
Tongue, pharynx, trachea & lungs removed together
On the tonsils, and pillars of the fauces & extending over the soft palate & V. pend. pal. are patches of dark grey-ish brown diphtheritic membrane. There is not very much swelling of the parts. Larynx & epiglottis unaffected. Nothing in the trachea to invade a little mucus, but no special injection of the membrane. Lungs are congested at the bases, but crepitant throughout.
Spleen appears normal.
Kidneys. look natural. Cortices not pale.
Stomach and intestines present nothing unusual.
Liver healthy.

10/20/78

CCXXXVIII Pylephlebitis

Porter. æt 26. a Cum. traveller. patient of D. F. W Campbell.

Body much emaciated; no special external features beyond those of Jaundice. Ext. abd. veins not noticed. Liver enlarged. On opening abdomen, whole peritoneum of a dusky state colour, and here & there are flakes of soft, easily removable lymph. Abnt. 8 ozs of turbid serum in pelvis, at the bottom of this ~~turbid~~ cavity ~~was~~ over an ounce of pus – apparently due to subsidence On carefully inspecting the coils of intestines from the duodenum downwards, the central portion of the jejunum was found to be specially dark, and corresponding to this the mesentery is much swollen & in parts fluctuates. All the coils are relaxed and peculiarly dark. On the interpyloric border of the ascending colon are a few old bridles of fibrous membrane and several small arteries united the descending part of the abd. wall, just in front of spleen.

In thorax, lungs collapse well, no adhesions except at right apex above. Heart of normal size – presents nothing abnormal. Both lungs crepitant, a little congested at bases. In right apex two caverns nearly surrounded by indurated tissues & in the neighbourhood are several small nodules some evidently miliary tubercle. They related scattered thro' the lung tissue for 1½" distance. Spleen a little enlarged soft. pulp dark reddish purple and very friable Kidneys. cortex a little swollen & turbid vasa recta full. Otherwise unaffected

Stomach contains a thin brownish fluid M. M. pale and presents on ant. wall two or three round swellings the largest the size of a small walnut a pin's thickness, on pressure, pus oozes from a small point. Nothing abnormal in duodenum. D. C. Ch. patent a thin bile flows from pap. Ductus communis choledochus pervious the gall bladder. Throughout small bowel numerous soft dark coloured vessels not marked, No ulceration in cæcum. orifice of appendix is obliterated. Nothing special in large bowel. Stomach. Liver. Mesentery removed together with portion of jejunum opposite the thickened spot for inspection. At one spot on the Mes. where the swelling is most prominent and at about ½" from the bowel there a round black flake of lymph and it looked here as if a small perforation had taken place, but on closer inspection it proved to be only a slit in the coating of pelvic membrane and on carefully squeezing over the swelling no perforation was found. The mesentery in its whole extent is thickened and infiltrated but specially about the centre which feels like a large abscess, fluctuating to the touch. On cutting into it a large quantity thick creamy pus, moderate, escaped and was believed at first to proceed from a mesenteric abscess. By squeezing the membrane however, the pus was seen to ooze from several points and on inserting the probe-pointed scissors & slitting in the direction indicated ~~three~~ distinct channels were found - evidently the branches of the mesenteric vessels. They could be followed in various directions, some greatly dilated others less so, up to the intestinal border, but it was not possible to ascertain precisely how they ended. It appeared as if all the veins of the mesentery were involved. No suppurating glands were

found;- these present were small. On tracing up the ~~portal~~ veins the suppuration extended into the portal and also to some extent into the gastric veins. The splenic v. was closed at its junction with the gastric. The main trunk of the latter contained pus and the branches passing from the greater curvature were much dilated, forming tortuous tubules of a yellowish grey colour, and the swelling noted in the mucosa being in connection with them. The gastro-hepatic omentum was a little thickened. the bile duct ×

On the peritoneum immediately to the right of the colon & the post portion of the rectum was a small superficial slough about 1/2 × 1/4", the base grey & slimy tissue about discoloured × a little haemorrhagic. It was fixed at the pt of the pelvis when the pus had wdpd.

The appendix was adherent firmly and prevented on its upper surface a small superficial slough involving the peritoneum and muscular coat to a slight extent; tissue about injected but no special deposition of lymph in the neighbourhood. On slitting up appendix the mucous membrane was perforated at slough. Cæcal end obliterated for 1/4 of an inch, no sup. vein could be traced in connection with the slough.

the liver was not much enlarged, of a deep brown colour; the tissue in parts of a blackish brown. & (inner) about the veins presented a yellowish grey border.

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largest the size of a small walnut & from the one, on
pressure, pus oozes from a small point. Nothing abnormal
in duodenum. D.C.Ch. patent & a thin bile flows from pap.
Vaterii on pressing the gall bladder. Throughout small bowel
mucosa, swollen dark coloured, vessels not marked, No ulceration
in cæcum, orifice of appendix is obliterated. Nothing special
in large bowel. Stomach. Liver & mesentery with bit of jejunum opposite the thick swelling removed together
for inspec
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found;- these present were small. On tracing up the portal veins the suppuration extended into the portal and also to some extent into the gastric veins. The splenic v. was dilated at its junction with the gastric. The main trunk of the latter contained pus and the branches passing from the greater curvature were much dilated, forming tortuous tubes of a yellowish grey colour, and the swelling noted in the mucosa being in connection with them. The gastro-hepatic omentum is a little thickened. - the bile duct & artery normal; one or two swollen lymph. glands removed in the dissection. On continuing the incision from the sup. Mes. vein the portal also contained pus the walls rough - shaggy, thick and matted with the surrounding parts. It seemed somewhat narrowed at the commencement, but widened towards the liver, and in slitting up the main branches in the organ they also were found filled with pus, there in the right lobe a good deal dilated, the walls rough, greyish yellow in colour. & here & there purulently elongated bits of sloughing membrane. A large quantity of creamy pus could be squeezed out and in every section of the substance, the distended veins discharged their purulent contents and themselves looked like scalloped abscesses, but all could be traced in connection with veins. Those of the right lobe were more dilated than the left, the right main main trunk very much so, widening as it passed out. The organ itself was not much enlarged, of a deep brown colour; the tissue in parts of a blackish brown. & almost the veins pencilled a yellowish grey. border.

Case CCXXXIX

Thomas Light. – Admitted Oct 15th Died Oct 17th 1.P.M. Autopsy 11 A.M. Oct 18th 1875 – (22 hours after death) Age 88.

Body – Short. moderately stout old man – legs oedematous – Hand or less oedema of subcutaneous tissue of trunk. – Inner & post.pt of R. leg discolored. – Several abrasions on Skin.

On opening the Abdomen about 8 oz slightly turbid fluid in Cavity – Coecum & Ass. Colon adherent by old peritoneal bands. – Asc.d Colon folded upon itself forming a Sigmoidal flexure. – By means of these adhesions the Coecum & Appendix V. are drawn upwards and to the left – Ileo Coecal valve corresponds to a point 1½ in below and to Rt. (little) of Umbilicus. –

Diaphragm corresponds to the 6th rib on left side and to 5th rib on Right Side.

On Opening Thorax – Heart & pericardium very prominent – Both Lungs adherent and not visable until the removal of certain of these adhesions

On opening pericardium – ci. 5 oz turbid fluid over R. Vent. large milk patch 2½ long 1¼ in broad on post wall R. Vent another milky patch – Numerous edges & tags of Lymph hanging to it. – this portion readily removed – the pericardium

pericardium it is injected
On opening R. auricle nearly 18 oz blood removed.
In Rt. Ven a gelatinous clot removed
In Lft auricle ein. 4 oz dark partially coagd blood.
In Lft ventricle very little blood and one small decolorized clot. (Aortic orifice 3½).
Rt. auricle dilated - endocardium smooth -
Tricuspid orifice allows hand come 6 in in circumference to pass freely through it -
Tricusp. Valves natural. Cordae Tend. a little thickened (some of them only) where attached to valves. Pulm. Semilunar valves normal.
Pulmonary ring - across the faces of the valves 4 in. - (diam Pulmonary Ring 4 in) - Rt Ventricle from Pul. ring to Apex 5½ in. Circumference 8 in. - Walls - post 1. cm. Ant. 6. m.m. -
Lft Ventricle on septum from Aortic ring to Apex 4¼ in - Walls - Ant. ½ from Septum 1.75 c.m. - Post wall same - Endocardium pale - Muscle substance beneath it also pale. - Mitral Valve little thickened at edges - Circumference 4⅔ in. -
Lft Rt. Pleura contains ein 16 oz turbid fluid. -
Upper part of pleura obliterated - complete adhesion - Upper other part, occupied by fluid, crossed by numerous bands false membrane.
Parietal layer 5. m.m. thick - forming dense

membrane almost cartilaginous.—
Visceral layer over this part of lung also dense & firm.—

Left lung much compressed - particularly the lower lobe - is airless - dark brown - ~~firm to touch~~ tough — no fibrous bands pass in from Pleura.— Lower and Ant. part of Upper lobe in same condition.— The Apex alone is crepitant.

Rt. Pleura thickened, universally adherent but not nearly so dense as left.—

Rt. lung - large - heavy - contains much blood & serum — All parts crepitant — but very slightly so. On section tissue firm - no deposits

Spleen - a little enlarged - firm weighs 283 grms.

Kidneys. Right Capsule detaches easily — on sec. torn in full proportion — (perhaps a little out) Tubules appear a little swollen between the lines of slightly congested vessels — Those Pelvis distinct. Small arteries at bases of pyramids not very distinct — No Cysts. — weighs 173 grms.—

Left K. very different to Rt. smaller, & many cysts.— Innumerable Cysts all sizes seen on surface - largest the size of a marble — Capsule

very adherent - On section often in many places riddled with small cysts containing a yellowish liquid - weighs 160 grms.

Stomach contains some curds & mucous covered with many sticky mucous - Smaller vessels full - Mucosa appears thin & peels easily -

Intestines - nothing special - a good deal of serous infiltration in mucous tissue -

Liver somewhat altered shape - a septum may be passed upwards & backwards from post. part of left lobe - tissue firm - not cirrhotic - 1580 grms - Vessels of hepatic system slightly engorged.

Gall bladder contains about 20 stones of various sizes - one lodged in cystic duct completely obstructing it - organ not much distended - contains milky mucous.

Pancreas - vessels about little lobules very full; in places the tissue seems infiltrated with blood.

15/10/78

18 hours p.m.

CCXL Sarcoma of Thyroid Gland. (?)

Miss. – D–[illegible]. aet. 16th. Had been under med. treatment for some and the swelling had not been there before (this doubtful). Had had diff. of swallowing & slight diff. in breathing. On eve. of death uneasy, & several med. men called. Evidently suffering from lack of breath. or faintness. They left her better, walking about and in an hour or so after she died suddenly.

Body that of an average sized – but feebly developed girl chest long and narrow, mammae flat. Lips a little bluish, but face pale. No lividity in dependent parts. A large round mass occupies the front of the neck ~~extending~~ in the situation of the thyroid body, extending to the left more than the right & projecting to the level of the chin. The skin over it is tense and the surface has a leaden tint.

On opening the thorax the lungs collapse freely. Thymus persists as a small mass. Nothing abnormal about parietal pericardium, one or two ecchymoses in visceral layer. Right chambers of the heart moderately full, not distended. Blood which escaped on removal of lungs and heart, fluid, dark in colour, and would probably amount to 10 ozs. a few coagula mixed with it. Nothing abnormal in Rt. aur. ~~&~~ vent. Tho. the tricuspid orifice appears large for in proportion to the ~~heart~~ heart. Rt. vent. not hyper. Valves & orifice on left side norml.

Lungs. Crepitant throughout, of a rosy pink colour in front darker at post. part of lower lobes, in which situation their tissue contains a good deal of blood.

Nothing abnormal noticed on external inspection of abdominal organs

The arch of aorta with vessels of the neck, the trachea & oesophagus

together with the tumour, larynx & pharynx removed together
On dissecting out the mass it was found to extend deeply in
the neck beneath the muscles on the left side, which are
stretched over it. Some of the deep lymphatic glands in the neck
are enlarged.

Oesophagus considerably compressed and its lumen narrowed -
the little finger only admitted with gradual at the narrowest portion -
On slitting it up in its upper normal -

Tonsils & soft palate at base of tongue swollen, firm
to touch & of opaque white colour - no oedema of glottis

Trachea - on slitting its lumen considerably narrowed - by pressure of the enlarged left lobe of the Thyroid
which is narrowed in Ant. Post direction & whole
[illegible] pushed considerably to rt. Admits finger as
no very great stenosis -

On inspecting from front of mass the growth is seen to
involve almost exclusively the left lobe of the Thyroid -
In the situation of this body there is a large round mass
2 & 3 in. in circumf^ce and extending upw^ds nearly to level
of Thy. Hyd ligament & below passing down beside
the Trachea nearly to the bifurcation.

On outer side of the mass the Carotid Artery &
Pneumogastric lobe of left side are deeply imbedded
in a groove - They are both considerably stretched.

From Post^r surface the mass appears ~~as an~~
elongated & somewhat oval - Immediately to left of
Trachea in its whole length & in close approximation
to it - the Larynx and resting on the left Iron clamp.

Along this surface it measures 5 in. Trans versely 2½ in in upper part and 2 in below.—

Lying immediately upon this post.r surface - between it and the vertebrae - is the oesophagus.—

The mass appears of greyish white color externally and on section presents the characters of an encephaloid tumor — the ~~surface~~ substance having a greyish hue interspersed with numerous vascular spots.—

In the centre it is semi diffluent — firmer towards the exterior - the whole presenting the appearance of softening brain matter.—

It appears to have originated from the back part of the left lobe of the thyroid as a small tumor which this structure is still to be seen in front. through, but it merges insensibly with the tumor.

The right lobe is of normal size & appearance

Case CCXLI Phthisis

G. Richardson Admitted 27th Aug Died Oct 25th
6 a m Age 26 — Autopsy 10.30 a m

Body that of a small sized, not much Emaciated Man (Negro)
Nothing special to be noticed in external examination
On opening abdomen Stomach is much distended with gas — Diaphragm corresponds to sixth interspace on the left, and fifth, on the right side —

Thorax On opening the Thorax, Lungs do not Collapse — No Effusion in Right Pleura a few adhesions at apex only — On the Left Side — recent lymph over the lateral portions adhesions at apex — about 4 oz turbid fluid

Heart
Pericardium Contains a couple ounces Clear fluid —
On opening Right Auricle — from it about 4 oz Blood escape
Rt Ventricle A Colorless Coagulum adherent to the trabeculæ in the valves is found — Nothing abnormal in the Rt Cavities of heart — small valvular opening in situation of foramen ovale — Rt
Tricuspid Orifice 4 3/4 inches

Left Ventricle Valves healthy, walls look thick, measuring 3/4" mitral orifice measures 4" & 2" Aorta - healthy,

Lungs Right Lung full in volume Crepitant- except part of apex, and posterior part of middle lobe, on cutting into upper lobe, small irregular cavity is seen, surrounded by infiltrated gelatinous looking lung tissue - In the cavity there is mucus and a small Coagulum - Lung tissue of posterior part of apex & also that of posterior of middle lobe is in a condition of gelatinous oedema & in these parts are greyish, but more opaque spots

Weight 32 ozs

Lower lobe is crepitant, contains a few caseous masses & here & there are fine nodular bodies like miliary tubercles -

Bronchi of thickling contain small clots and even in the finer ramifications - The trachea & larger bronchi also contain clots -

Left Lung Pleura is thickened, covered also in places with flakes of recent lymph - Entire apex is occupied by a large Cavity At upper part the walls are thin, and behind were ruptured on removal

Weight 14 ozs

The Cavity contains clots and dirty reddish yellow very flutenous pus - the walls are very irregular, crossed by the remains of blood vessels and bronchii - The lower & outer portion is in a condition of rough shaggy looking Ulceration - No small aneurisms are seen - the rest of lung is firm solid and with the exception of a small margin at lower part, airless - on section the tissue presents a uniform opaque white color It looks as if the whole organ were in a condition of caseous degeneration
The section is perfectly dry, here and there a few pelatinous looking strands of tissue are seen

The Bronchial glands are enlarged, tumid, Moderately pigmented, not caseous, & contain no tubercles
Spleen Normal size about Moderate Consistence

Malpighian Corpuscles large & distinct
Kidneys - nothing abnormal
Stomach Contains a good sized clot of blood
which is pretty somewhat bright in color
Intestines In the Ileum certain of the
Peyers are beginning to be affected
some are swollen as large as small peas
and have already ruptured at center
Nothing abnormal in the large intestine
Liver is of normal size on under surface
it presents a number of irregular fissures
not however cicatricial in character
on surface of right lobe is an irregular milky patch

27/10/78. 186
10 a.m.

CCXLII Meningitis. Pneumonia

æt. admitted in comatose, & nearly so. and died on Saturday the 26th. at. 3.30 P.M.

Body that of a moderately well nourished woman: Abdomen sunken. Face pale - eyes closed, pupils equal. on left cornea a small ulceration is beginning & the conjunct. of that side is injected. Small injected spot also on the right conj. On right dorsum of wrist is a superficial excoriation, the size of penny.

Brain. Not much blood in scalp. Calvarium of moderate thickness in front, but abnormally thin behind. Nothing of note on ext. surfaces of dura mater. In long. sinus a colourless clot in ant. half, dark & gruminous in posterior. Also in transverse sinus a partially decolorised coagulum. Not firm & evidently post-mortem. Nothing special about base of skull, no caries of temporal bones. On removing the organ the lesions at the base appear to be somewhat walled together and there is slight opacity and thickening of the membranes in front of the commissure and along the long fissure: Over perforated spaces the arach. is clear. but the pia is edematous. The arach passing from the inner angle of spheno-temporal lobe to the pons and cerebellum is opaque and about the size of a nutmeg & with thick. Sylvian fissures separated with a little more than ordinary difficulty, owing to an infiltration of the membranes with clear serum. No lymph in interpeduncular space. There is no trace of lymph at the base. Arteries full & small veins over convolutions prominent. On removing the dura mater the cortex presents scattered patches of lymph, arranged somewhat symmetrically on either hemisphere, chiefly on the

neighborhood of the long. fissure. On the 1st & 2nd frontal convolutions in left side are two elongated patches, chiefly over the sulci. The next spots are in front of the fis. of Rolando, on the right side extending from its upper part over the ascend. front. convolution and down the fissure antero-inf. On the left side the patch is not so long. They are greyish white in colour, 2-3mm in depth, under the arachnoid and about each there is a good deal of gelatinous oedema. The rami of the pia are full the small ones over the convolutions very distinct; the sulci are broad. and present a slightly opaque oedematous appearance. Nothing of note in long. fissure, but at post. margin of the corp. callosum and extending from it into the of the cerebellum, & for a short distance down the lateral lobes an ant. margin a a thick patch of greyish white lymph. On slicing the hemispheres, substance most of pia vascular distinct. In lat. ventricle a small quantity of turbid serum: cavities not dilated, walls not affected. Fornix & septum lucidum seen on lifting and appear, of their natural. Vel. int; vessels full. In 3rd vent. commissures perfect. On slicing brain no focal lesions met with.

(B. not ex. at this time as body ordered for dissecting)

Heart. Subpericardial fat in excess - Heart about normal in size. - Nothing of special note at Aortic - Endocardium is not stained. - Right Ventricle dilated clots run into woven with columnae carneae - Muscular substance looks natural - Tricuspid orifices normal - Valves healthy - Pulmon. Aortic & Semilunar. Valves also normal -

Left Auricle appears somewhat larger than usual

endocardium a little opaque

Left Ventricle - endocard. smooth & glistening.-
Muscular trabeculae prominent & marked
Mitral Valve - Ant Seg. on ventricular surface especially near free margin the endocardium is granular & covered minute papillations.- Towards R. margin valve border from Post. papill. muscle are attached the granulations are larger and they extend down the whole length of the cords.- The body of the valve on this side is slightly granular - nothing more

On the auricular surface of the valve there is a white patch of papillations which occupies an area of about 1. cent metre × 1.25 ~~half~~ centimetre - It is covered in part by a thin membrane; - perhaps endocardium? Patch is slightly elevated, rough on surface & divided into a number of little bosses. - It occupies the lower margin of the valve about its middle & extends to the border mentioned above.-

The Post. segment of the valve is not affected.-
Aortic Valves - Rt. Ant. Segment presents a defect at Aft. border of attachment - The free margin terminates at a point midway between the centre of the attached side of the valve & the ~~its~~ proper point of attachment as if a triangular piece had been cut out.-
The Raphe of this & ~~adjacent valve~~ post. segment is much thickened & towards the ~~impaired~~ valve of opaque white.-

Post. Segment is thickened & opaque & appears a little foreshortened - measuring 1. cm in depth -

The left Ant. Segment is thinner not so opaque & measures 1.5 C.m. (nearly) — At the attachment of the segment to mitral is a patch of fresh endocarditis ~~& at attached border of Post Segment is another larger patch~~ upon which is a head of vegetation half the size of a pea. —

At the attached border of the Post. Segment & extending to a slight extent into the mitral is another superficial patch. —

Above the Semilunar of Valsalva are several peculiar small pouches — the largest is situated above and a little to the left of the upper limit of the sinus between the post & Rt. Ant Segments it would hold a small marble —

The tissue about it is swollen & gelatinous looking. — Above the post & Lft. Ant Segments is another small dilatation admitting the head of a large pin — The intima about it is much swollen, of a reddish gelatinous appearance which condition extends down the sinus & along the artery to the Left coronary

The intima of the Ascending Arch is normal — that in neighborhood of great vessels is in a condition of ~~atheroma~~ gelatinous atheroma.

Lungs. Right presents adhesions over the greater part of its surface — Apex & post. part very slightly crepitant & nobole lung firmer than normal —

On section – the upper lobe – except the extreme apex – is in the condition of recent hepatization – The surface section reddish – Dotted with a bloody serum & numerous characteristic granules are seen over the surface – Towards the ant: border the surface is grayish & at the extreme border it is crepitant –

Middle lobe is crepitant though towards the root it is heavy & sodden –

Post lobe – Upper part Hepatized – Lower part deeply congested, heavy, redness & scattered areas of consolidation are to be seen – being recognized by lighter color – Ant part of lobe heavy & contains but little air –

Left Lung – crepitant throughout – Post parts firm, dark in colour, the section moist –

Ant parts crepitate –

28/80/78

CCXLIII Extra-Uterine Fœtation

æt 40. had a child 9 years before, thought herself two months pregnant
Taken ill on Friday 25th with pain in abd. & symptoms of collapse. from
which she recovered somewhat by Sunday. They returned however & he
attempted to take up & she died at a.m. on 27th.

Body that of a spare woman of medium height. Skin &c.,
examined. Abdomen not swollen.
On opening the belly fluid blood poured out from the incision;
the lower part of abdomen was full of clots which with the fluid
contents measured 3 L x. The clots were tolerably consistent but not
laminated. No signs of peritonitis. After clearing out the contents
of the pelvic cavity a mass surrounded with clots could be
seen on the right side of the uterus and for better inspection the
entire pelvic viscera were removed together
Uterus enlarged measures 11½ C. (4½") in length 7 C. (2¾") in breadth at the
fundus. O. with 1¼" in transverse diameter. and lips projecting ½" beyond
the posterior. In the os is a small projecting body looking like a
polypus or a blood clot. Uterine walls nearly 2 C.M. in thickness, natural
looking. Mucous membrane greatly developed. measures 1 C in thickness
in other parts nearly so much. It presents a pinkish red colour, surface
uneven, being divided by small grooves. and at one or two spots there
is a thin greyish-white coating, which is firmly adherent. It looks like
false membrane. but perhaps is only fibrin. The whole tissue is soft spongy
& highly vascular, presenting the appearance of a decidual membrane.
The mucous of the cervix does not participate in the swelling. From
enlarged uterine mucous membrane a mass projects into the cervix
nearly to the os. It is firmly attached to the M. M. greyish at its end, where the rest
of the extent haemorrhagic & is either a firmly adherent clot or a detached bit

of Rt. Fal. infiltrated with blood

Ovaries. Left. presents a mark. corp. luteum, measuring 2 C in each diameter
Wall thick, 3 m, convoluted, yellowish, centre of a reddish gelatinous
appearance. Traces of old peritonitis, in the form of small bands about the tube often ends and
a few clear cysts beneath the peritoneum of the tube
In right ovary there is a corp. luteum, measuring 2 C in length & 1¼ C in
breadth. Walls yellowish convoluted. 2 m in thickness. Central clot
disintegrated in great part. and the striations looks older than the
one in the opposite ovary.
In the Fal. tube of the side at a distance of 5 C. (2") from the uterus
is an irregular swelling about the size of a small orange.
It is in the tube, nearer the fimbriated extremity which is seen at
one end of the mass, & along which the probe can be passed for
5 C. (1"). A probe can also be passed along the proximal end of the tube
to the swelling. Two distinct portions can be seen in the tumor. One
constituting the chief part is smooth, covered with glistening
peritoneum, and measures 15 C (6") in circumference. It is soft. fluctuating
with thin walls, particularly towards the posterior part. From this
region of the tumor there is a stout projecting mass, of a deep
black colour, made up of firm clots. (measuring 5" in circumference)
which to the post. and inter surfaces are smooth & uniform. while
anteriorly there is a wide rent between the two tumors exposing
a thin translucent amniotic membrane partially covered
with a chorion. The secondary mass in the tumor is made up of shreds of blood-clot which are partially laminated
of the Fal. tube
contained
seem to result from the partial expulsion of the contents of
the sac, the rent in the wall of which can be traced all the way

round the margin ~~after smaller mass~~. The amnion cavity does not project very far into the blood-clot and appears here with the exception of the spot anteriorly - to be thickly covered with villus chorion, which so far as can be ascertained appears thicker over the protruding amnion than elsewhere, as if the rupture had taken place at the centre of the placenta. Towards the outer extremity of the tumor there is evident to the touch a thicker portion in the wall and on cutting into it firm without a spongy structure is met with, resembling placenta.

The fetus which can be seen through the exposed part of the amnion has the head and ant. extremities well formed. The former measured, as near as could be ascertained 10 m in width by 15 m in length. Fingers well formed about 2 m in length. Face entrance. Ext ear. prominent.

29/10/78

CCXLIV. Cirrhosis. Peritonitis.

Thos. Cock. æt 5-0. Tapped on Sunday 27. 12 a.m. insp. followed by death the am. the last had peritonitis began after prior tapping.

Body short. Jaundiced Much Legs Œdematous, scrotum contains fluid, Belly large On opening cavity of abdomen about 55 ℥ of turbid fluid removed coils of small intestine are injected "matted together; the inflammation is very intense, about pelvis, Cæcum, and lower coils of intestine. The site of Puncture is very distinct. Peritoneum about it is hardly inflamed. On opening Thorax Lungs collapse naturally, Left Lung a little adherent at apex, Right is not at all adherent.

Heart; small quantity of fluid in pericardium. sub-pericard. fat, in slight excess. Rt. chamber full of blood. Tricusp. orifice large.

Lungs crepitant, Hypostatic congestion, a little oedema at bases, not readily detached. A good deal of blood flows from the vein on removal.

Spleen. Enlarged - not much; in proportion to weight. Capsule opaque, covered in places with little fibroid thickenings. On section the organ is firm, dark in color, trab. moderately well marked, Malpighian bodies not seen. Cut arteries very prominent; Weight. 320 grms.

Kidneys. Fatty capsule unusually

adherent. Left kidney:- Capsule detaches easily, leaving the surface finely granular. On Section. Cortex not much diminished; small arteries moderately prominent; organ contains average quantity of blood. Right kidney in similar condition; cortex perhaps smaller. Nasal recta moderately full.

Stomach. Contains nearly a pint of fluid. Mucous membr. covered with a glairy secretion. Small nodule about size of a pea. exists in posterior wall; it is in the mucous membr.; no others are seen; Mr. M. thinks not. Mammillated pigmented

In the Duodenum, nothing unusual noticed. On pressing common bile duct, bile flows from the papilla biliaris.

Liver. Reduced in size & very much deformed. Immediately to left of longitudinal ligament is a prominent swelling half the size of an apple on the right lobe. There is an irregular fissure extending out to the anterior border. On the under surface there is also a very prominent portion immediately in front of the Vena cava & extending from it towards the right border.

On Section the organ presents all the characters
of a moderately advanced ~~cirrhosis~~ cirrhosis
Intestines present a dark slate colored
mucous membr. particularly in the coecum
In the coecum the mucous membr. is especially dark
The pigmentation about the solitary glands is
also especially dark.

Aorta, atheromatous about. intercostal openings & at origin
of the vessels. Rt. V. azygos not enlarged. Left is a little fuller than
normal & the veins in front of the sp. col. contain much blood.
Small ganglion found in the left side of the dorsal.

* Hep. artery is large. Portal vein not much dilated, does not at all
admit index finger freely. Gall bladder full. Duct. pervious
Section surface of liver not. tinted but. brownish, with the white
streaks of connective tissue dispersed on it

30/10/78.

CCXLV Cirrhosis

Mrs Hannah. æt. 43 matron. Univ. Lying-in Hospital

She had been suffering from symptoms of portal obstruction more
or less throughout the summer, but severe illness only set in about six
weeks before her death, & then commenced suddenly
Ascites & very severe pains in region of liver
sometimes paroxysmal. A comatose state for 3 days before death.
Autopsy 6 hours after death. Abdomen only examined.
Body that of very stout woman - she had not wasted much, if
at all through the illness - Skin sallow - not distinctly jaundiced -
but she had been of that hue during life - . Abdomen very large. On tapping it
a pail-full & a half of serum removed. . Panc. adip. very thick
quite 3" on belly. Superficial veins not marked. . Mesenteric & omental
vessels very loaded with fat . Liver. stomach - duodenum removed
together - . Stomach contains about ½ pint of bile-tinged
mucous & remains of food. M. M covered with a tenacious secretion
& is pale, & little thick in places, tears with difficulty, is not
mammillated. Nothing unusual in duodenum. On squeezing
bile duct a small amount of clear slightly bile-tinged mucus appears at pap.
Pancreas. Liver is reduced in size though not very much and
is heavy & firm. The whole surface is finely granular, covered
with small projecting knobs many of which present a opaque
white appearance, the intervening tissue being of a pale brown

3/21/78

CCXLVI Hypertr. Cirrhosis. Morb. Bright.
Margt McCauley. Age 22 – Six hours after death.
Died 5 A.M. Mar 3rd 78.

Body that of a short well developed woman – Rig. mort not present – Skin jaundiced & of considerable intensity – No ecchymoses
Conj. very yellow. – Since Albr well marked –
On making preliminary section Panc. Adip. strongly developed & of yellow tint. – No ascitic fluid
In Abdominal cavity Liver seen to project a hands breadth below the costal border – Omentum very fatty – Superf. coils of small intestines very dark in colour – Diaph – on Rt side corresp. to 3rd interspace & Lft. side to 4th rib
Vessels of Susp. lig not much developed – Internal Mamm. Veins large plenty on Rt. side
On opening Thorax, pericardium no fluid – ment. sticky – Subpericard. fat in moderate amount.
Cavities on Rt side of Heart very full – On opening Rt Auricle large decolorized yellow clot fills it & extends through Auriculo-Vent Opening – In Rt Ventricle is also firm clot firmly interlaced with Cord. Tend.
Endocard. of Valves bile tinged –
Lft Ventricle contains small part. decolorized clot
Valves normal – Muscular substance a little pale – Aorta healthy
R. Lung crepitant throughout – Pleura bile tinged –
Lower part of organ contains much blood & serum
Has only two lobes
Lft Lung. Has small lappet, part. divided off from lower

part of upper lobe – Crepitant & similar in appearance to other – slightly attached to Diaph. Adhes & in lung tissue there is a small cretaceous mass size of a large pea

Nothing of note in bronchi or bronchial glands.

Stomach Intes & Splen removed together – On opening the Stomach about three oz of bloody fluid very tenacious from mixture with mucous taken out.–

Mucous Mem – little spots of vascular injection –

Mucous adhering to mem. is remarkably viscid & tenacious.

In duodenum the mucous mem more congested & hem, particularly on tops of Val. Conniventes are small hemorrhagic spots – These are very marked about the Pap. Bil. – On Squeezing Common Bile duct a greenish fluid mixed with mucous issues –

On Opening Gall Bladder dark green Bile flows freely

In Gastro Hepatic Omentum Lymph Glands not enlarged.

Hep. Artery not enlarged

Portal Vein normal size – presents no alteration.–

Common Bile duct appears normal

Hepatic duct full of a thick turbid bile not thin as usual

Pancreas healthy.–

Splen somewhat enlarged, moderately soft – pulp dark brown red color – weight 270 grms.

Liver very much enlarged, flattened from above downwards, retains its Shape – Color pale yellow. firm to touch, on surface are a number of radiating veins – weighs 3080 grms. – On section it cuts with

remarkable firmness, rendering it colour and manifest state of fatty degeneration. The surface of the section is of a light yellowish brown colour No trace of injected blood vessels, large or small. On examining with a low-power lens each lobule is seen to be surrounded by a zone of light grey pale translucent tissue, about 0.5 m in thickness The centre of each lobule is of a brown colour pin cushion like pigment, the periphery of an opaque dead white pin the presence of fat. Here & there an entire lobule is seen to be in the last condition. There is no puckering on the surface of the organ. nor are there any areas where the fibrous tissue is more abundant than usual

Gall Bladder contains about a couple of ozs of dark green ish black bile — no gall stones.

Rt. Kidney weighs 440 grammes. — Left. Kidney weighs 435 grammes

Right. On stripping off the capsule a large, soft mottled organ presents itself The surface is dark red interspersed with numerous small opaque white spots, which closely set together & measure 1-2 m in diameter. Very slight adherent. On section, surface has a somewhat granular but pin hole staining; cortex remarkably swollen & flabby, outlines of pyramids not distinct. General colour reddish, but in the cortex there are many pale spots, chiefly arranged linearly and on inspection it is seen that the white areas in the surface correspond to the bases of these columns of degen tubules. Other spots are isolated, but of the same dead white aspect. The intervening tissue is injected. In other places the whole cortex is anaemic The pyr. are deeper. colour than cortex & in them also groups of tubes are filled with granular matter

Left. Kidney presents similar appearances, but is paler.

Intestines — entire intestinal tract contains dark tarry matter like meconium — In small intestine particularly in upper part there is very abundant of semi gelatinous consistence. — In lower part it is still more tenacious — in Coecum are two or three small faecal masses very black externally & of grey

ish white color within

Larynx contains a quantity of sticky blood stained mucous some of which can be washed away with a stream of water — After this there is left behind an extensive superficial clot extending from above the false vocal cords through the pharynx at its ant. Angle down the trachea to the bifurcation. In this portion of the tube it forms a thin clot a quarter of an inch in width —

After the removal of this the under surface of the epiglottis is seen from the attachment of certain membranous threads — This is specially seen just above the false vocal cords. —

Immediately below the true vocal cords & involving them margins is a distinct fibrinous membrane which extends around the cricoid cartilage and is here a good deal blood stained

CCXLVII Ulc. vent. Tuberculosis. Pul.

D. M. æt. 55. died suddenly; had suffered for years from dyspepsia & had had a cough for some time. A daughter had died of consumption.

Body considerably wasted.

Nothing of special note in abdominal cavity. In thorax pleural sacs almost completely obliterated on each side more fully in the left. <u>Heart</u>, right chambers moderately full of dark blood and grumous coagula. Tricuspid orifice a little larger than normal. Valves healthy. In left ventricle Mitral a little thickened at edges. Muscle substance looks dark, not increased. Semilunar valves firm, calcareous at bases; Corp. Arantii fibroid & thick. <u>Aorta</u> is slightly dilated and presents small scattered patches of atheroma and at beginning of descending part a few calcar. plates. In thor. & abd. port. not so ather. but at bifurct. where it lay upon lumbar vert. it was very thick & rigid, from the presence of calcareous laminae.

<u>Lungs</u>. ~~Left~~ crepitant throughout, except in certain areas at the apex, which feel firm. On section a good deal of blood and serum oozes from post. parts. At apex is an old fibroid spot pigmented & with stellate cicatrix. In its neighbourhood & scattered more or less through the entire lobe are groups of very firm miliary granulations, grey in colour but very dense & hard. They were chiefly arranged in groups closely set together. 50–80 in each. Very few had merged & there was no caseous degeneration or lobular inflammation about them. A few were noticed in the middle and lower lobes. In the ~~left~~ right lung.

the tubercle were still more abundant at the apex and through the upper lobe, & presented the same abundance & firm to the touch, in groups, yet not coalescing into large nodules, nor caseous masses. Post. parts of lungs congested. & oedematous. Bronchi contain a frothy serum: they are not specially injected. Br. glands not enlarged.

Spleen a little enlarged, dark in colour.

Kidneys a little firmer than natural. – otherwise normal.

Liver healthy

Stomach. Immediately below the cardiac orifice, on the post. wall there is a ~~superficial~~ loss of substance 1/2" in diameter, base whitish, firm, edges hard, not much elevated. M. M. about it a little puckered. On peritoneal surface: adhesions had formed with neighbouring parts. and a firm mass of fibrous tissue 1/3" in thickness formed the base of the ulcer. On the post. wall of the fundus, situated 1". 1/2" & 2" distant from the main ulcer are 5 smaller ones the largest the size of a three-penny bit, edges a little firm. bases greyish white. & peritoneal surface a little thickened

M. M. over rest of organ thickened & firm. covered with an adherent mucus

Pylorus normal. Bile flows from Pap. - biliaria

CCXLVIII Ulcer of Stomach. Case for Dr Kerr of Londonderry
9.5.

Stomach not enlarged on the lesser curvature there is to be felt a thickened mass made up of indurated omental tissues and fat - Just on post wall there is a slight puckering. - When the Stomach is opened this is found to correspond to an oval loss of substance situated on the lesser curvature three inches from the Pylorus
The ulcer extends more towards the post wall than towards the anterior - fully two thirds of it occupying the former - Its long diam. (at right angles to lesser curvature) measures 28. m.m. - the short 20. m.m. (long = 1 1/8 in Short = 7/8 in) the edges are round cleanly cut & formed by mucous m. They are undermined for a variable distance (from 2. to 6. m.m. i.e. 1/16 - 1/4 in.)
the coats of the stomach just external to the margin are felt to be considerably thickened particularly the part anterior to the curvature - The base of the ulcer is made up of dense fibrous tissue - rough & irregular from the presence of bands (small) and the obliterated ends of obliterated, as well as open vessels - These are very numerous - some of them presenting gaping orifices - on injecting water into the gastric artery it flows in a fine stream from the larger of the orifices - The base at the curvature itself is thick from the condensed tissues behind it. -
On the post curvature it is thin & in one or two places quite translucent & at this part the outline of

a bifurcation in the gastric tubes can be plainly seen.

The general mucous surface is covered with an extremely viscid & tenacious mucous — It does not appear thickened but is very generally mammillated —

The tunic of the pylorus extending for past 1. in around the orifice but not involving the ring itself fully thickened — the m. m. is not involved the thickening being due entirely to an hypertrophy of the muscular coat — which in some places is 10. m. m. in thickness it is firm & hard. No nodules to be felt and it appears to be simply hypertrophy of the muscular coat. The thickening does not extend to within 2 m: of the Sulcus. —

12/11/78

CCXLIX. Colitis Ulcerativ. Ovarian Tumour. - Dermoid

Bridget Fisher. Age 44. Admitted Nov. 11 died Nov 12. Symptoms, - profuse diarrhoea & vomiting

Body that of a an average sized well developed woman. Rigor Mortis slightly developed. Livi. alb. marked. Face little livid. Abdomen protrudes. On opening Belly coils of small intest. pushed to right. To left large irreg shaped mass to which the oment. is adherent. On lifting Omentum upper part is seen to be the stretched distended colon. Lower part forms a conical tumour project-g from, & filling the entire pelvis, reaching as far as the umbilicus. The apex or cone of tumour projecting to left. Percussion note over this tumour is dull. To the touch soft semifluctuating. Little or no fluid in peritoneal cavity. Lower coils of small intest. are adherent to tumour and some of them present small flakes of lymph.

Diaphragm corresponds on left side with 5th rib. On Right with 4th interspace.

On opening thorax, lungs do not collapse. No adhesion on right side. On right side a few superficial adhesions. Nothing special about pericardium. Right Auricle contains fluid blood and gelat. clots. In Right Ventricle very firm clot adherent to columnæ carneæ & passing into Pul. arte. Left Ventricle also firm coagula interwoven with trabeculæ. Muscle substance healthy looking valves healthy

Ileal 2 inches. Caecum 5 inches.
Lungs. Normal color throughout
Spleen Average size & natural looking. 170 grams.
Left Kidney presents nothing abnormal
Right Kidney also healthy.
Stomach contains quant. of Coagul Lt milk
Mucous Memb thin The duodenum
Contains Yellowish fluid. Common bile
duct pervious
Liver very pale in color On Section
very soft Cent parts of lobules bile tinged.
Weight = 3000 grams. Very fatty & soft.

Small Intestines presents nothing unusual
in upper part. Toward Ileum mucous
Memb roughened and thicker than normal
Large Intest much distended and
contains a dirty pea soup like fluid part of which is in caecum at the descendg
The mucous Memb dark colored Con-
gested and presents very numerous superficial
ulcers These extends throughout entire Colon
getting more abundant & larger in the descending part;
here the intestine is very soft tears readily and
mucous membrane is present only in elongated
which is about one fourth of an inch
strips. The ulcers occupying the greater portion of the
membrane Sigmoid flexure the ulceration not
so extensive The mucous memb here
covered with grayish looking diphtheritic like
patches

Brain. Gel- Cream appears Natural
Reserved for dissection. Moderately firm coagula
in vessels sinuses of Dura-mater.

Uterus Vagina & Ovaries & tumor removed together. when it is seen that the tube
is connected with the right ovary. by a narrow somewhat twisted stalk, (representing the Fallopian tube), which is only 1½" in length from the uterus. The tumor is
about the size of an infant head, slightly oval in shape, tapering a little toward the upper end. It is smooth externally, very few firm adhesions, except at one point where small tuberosities are united to it by lymph. To the touch it is soft, doughy & boggy firmer a harder mass can be felt in the center. On section a quantity of dirty greyish semi-effluent matter oozed out, mixed with hairs. In the center of the tumor is a firm mass the size of the fist greyish white in colour, of the consistence of putty, made up evidently of inspissated sebum with numerous long hairs. On removing the contents and washing the cyst, it is found of dermoid nature. The greater part of the lining wall is rough & covered with scales & inspissated masses of sebum. Part look like ichyotic skin. The part in the neighbourhood of the attachment of the tumor is thicker more fleshy and numerous long hairs are attached to the cyst wall - some 14-16" in length, but the long hairs are absent where numerous small-pubescent-ones. Corresponding to the insertion of the stalk there is elsewhere like projection of the cyst. - undulated with corpora sebacea follicles, a part above is inverted on itself by the traction Crown, neck & fimbriæ well developed - the latter inserted into the cyst wall for about 3". It measures 11 m. in length. Close to it there is felt beneath the lining membrane a firm body, which when dissected out proves to be a portion of tube, ovary in shape, notched & denticulated, about 10 m. across in each direction
Fallopian tube may be traced up to the cyst wall, at the base of which it is located

Uterus & left ovary healthy.

14/11/77.

CCL Cirrhosis of Liver

Richardson W. 11. ascites came on suddenly. Long time comatose before death. Legs are [illegible]

General appearance.

Body that of an average sized - not much emaciated man. Rigor mortis present. - Face dark & suffused, slightly jaundiced. Abdomen moderately distended - superficial veins not very distinct - Upper part of thorax also slightly jaundiced. Abdomen contains 225 oz slightly bile tinged fluid in peritoneal cavity (removed).

Stomach considerably distended & reaches nearly to navel -

~~Liver~~ Diaphragm corresponds on Rt. side to third rib. -

The liver falls away from the ribs leaving a space into which the closed fist can easily be inserted. -

On opening thorax the lungs collapse - A couple of oz. fluid in left pleura & slight amount in pericardium.

Heart - Rt chambers appear large and are unusually flabby & those of Rt ventricle collapse. On section of these chambers about 6 oz blood flowed out - Rt. auricle appears somewhat dilated - A remarkably large Eustachian valve persists measuring

- tricuspid ~~orif~~ orifice considerably dilated, admitting the passage of cone with greatest freedom -

Left ventricle is contracted & firm. - chamber does not appear dilated - Mitral valve a little thickened

at its edges (somewhat pulpy) particularly the ant. seg. Semilunar valves opaque & a little thicker than normal. — Heart weighs 310 grammes. —

Left ventricle — small bal[illegible] opening in septum cordis cardiacum thickened & opaque, mitral ring roughly 5 in. in circumference —

Lungs. — very dark, heavy, very slightly crepitant. On section lung tissue very dark in color surface of section bathed with blood & frothy serum. — The whole of Rt lung is affected — on ant. border the oedema is more marked & the color tissue is ~~oedematous~~ & gelatinous — weighs 850 grms. ~~440~~ —

Left lung presents the same appearance (weighs 990 grms) — branches of pulmonary artery do not appear dilated — lumen of trachea injected — much frothy serum comes from the bronchii. —

Kidneys Left (weighs 210 grms) average size capsules detach readily — surface not granular — on section organ not much if at all larger than usual — appearance of cortex and medulla remarkably natural — Right (weighs 260 grms) similar in appearance — blood vessels some what more marked than in the other — small arteries not at all prominent. —

Spleen — large (weighs 465 grms) soft, capsule shrivelled as if the organ had been larger — pulp soft, dark, reddish brown in color, trabeculae very prominent. —

Cardiac end of Stomach is firmly attached to the diaphragm & a dense plexus of veins exists in the connecting tissue & the plexus about the oesophagus also very large.—

In the Stomach a large quantity (nearly 2 8oz) of dirty dark brown fluid was found — it is covered with very sticky tenacious fluid which in place is stained to a greenish color. — Membrane tolerably firm & mamillated — in places there are depressed erosions — Nothing particular about the pylorus — is in pale — Veins of the sub mucous full.—

Common Bile duct on pressure gives off a dirty discharge from papilla of yellowish fluid

Portal Vein outside the liver a good deal diminished in size — ~~diminishing~~ ~~small~~ measuring 1½ in in circumference.—

Hepatic Artery normal in size — Common bile duct is natural — Gall bladder contains a slightly bile tinged fluid — Rt. Branch of Portal Vein admits the little finger to second joint.—

Liver returns to Shape, is considerably reduced in size. Surface very hobnailed. Innumerable little projections studding the surface On Section the Cirrhosis is seen to be far advanced The Lobules are Uniformly surrounded with new connective tissue.

Intestines:- Walls thick. Mucous Membrane
Covered & Mucaceous secretion. Peyer's Glands
prominent. Muc. Mems. of the Caecum & part of
Ascending Colon much injected & Sermn.
This is not so marked in the Transverse &
Descending Colon.

CCLI - Phthisis 17/11/77

Mary Tabbot aet 30 - Died suddenly after alleged haemoptysis Nov 15 - 12 p.m. Autopsy 34 hrs p.m.
Body that of a small moderately emaciated woman
Skin tough & hard somewhat discolored over the chest
Rigor Mortis present - On opening the abd. the liver is
seen to extend nearly to umbilicus - cheeks flattened
Small intestines somewhat shrivelled looking collapsed -
Diaph corresponds to 5 interspace on ~~left~~ right side - & to
same on the left - In left pleura a small amt of serous
fluid - Adhesions of both lungs posteriorly & at apices -
Organs do not collapse - Pericardial fld slightly in
excess -
On opening right cavities of heart - Few blood escaped -
From left auricle about an oz. of bl. removed -
Left ventricle contains no clots & but little blood -
Heart - Valves on right side healthy -
In left ventricle valves are normal - Muscular
substance soft - no hypertrophy - Outer papillary
muscle very pale - ~~which is~~ fibroid almost to its
base - the degeneration in this situation is superficial
~~Left~~ Right lung - Apex occupied by a large cavity - Other parts
of upper lobe contain numerous nodules & are only
crepitant at the edges - Cavity at apex would hold
a large orange Walls are thin in front, thick
at the apex & sides - & lined by a definite dark
grey membr - Traversed by numerous trabeculae
At bottom of this cav. close to root of lung
there is an aneurismal dilat of a branch
of the pulmonary Art about the size of a

naible - It is quite close to the main branch of the artery & is given off directly from one of the main subdivisions - going to the upper lobe. The orifice of the sac is larger than a goose quill. It lies in a definite hollow which looks as if it might have been formed by the constant throbbing of the aneurism

It measures .28 m in length, 4 5" in circumf. forming an elongated oval. The portion near the root appears to be covered with the lining membrane of the cavity & has small trabeculæ across it in this situation. The ant. half presents a reddish yellow appearance & looks like material in structure. At the apex there is a small excavation through which water flows into the cavity, which we say, into the sac. At the under surface is a small spot of ulceration, with a yellow base. Corresponding to the apex there is a small depressed area spot on the larger depression.

In the anterior part of this lobe are several small cavities & the tissue contains numerous small cheesy masses - The bronch. tubes passing to the lower corner of anter. lobe is dilated & is filled & surrounded with matter & its fine ramifications - At the anterior border is a spot of firm texture, 1½" & 3/4", infiltrated & anters looking as if soaked in gelatine

At upper back part of lower lobe is another cavity the size of a small apple - It contains coagula & fluid blood - The rest of the lobe contains numerous miliary tubercles chiefly at the posterior part & also caseous & suppurating nodules towards the anterior region -

Right Lung - Apex a good deal puckered & pleura thickened especially behind - On section found to be occup. by a number of communicating cavities - They contain a dirty thin pus & their walls are not so smooth & dividing septa much more numerous than in the

cavity of the other lung - The rest of the lung is
crepitant & contains numerous fibro tubercle
& nodules chiefly in the middle & upper
part of lower lobe -

Spleen - Small, texture soft lower part con-
-tains a good deal of blood - Malpigh
bodies not evident Color of uncongested
portions is of a very light brown -
Kidneys - natural - R Kidney 117 grammes -
L. " 150 " -

+ Dropsy of Fœtus

19/11/78 P.M. 24 hrs. after death

CCL11 Premat: Closure of Foramen Ovale.

Male infant. still born, at or about 8th month. Length 17" (43c) Girth of abd 13. of thorax 13, of head 13½. Whole body much swollen & in a condition of extreme anæmia; skin glistening & tense, reddish in colour; Rigor mortis is present in the muscles: the limbs were flaccid when the abdomen was cut into 19/11/78. Head much enlarged and deformed, sutures and fontanelles can with difficulty be felt. Eyes closed, eyelids much puffed, whole face flattened; nose hardly to be seen in profile owing to the swelling of cheeks, a clear serum oozes from the nostrils: upper lip large: lower one looks natural, ears & denudations and proportion both slightly. Neck enlarged. Belly not very particularly tense. Cord large an inch from attachment measures 3" in circumference, vessels in it look distended. Penis & scrotum very tense, looking like imperfect models of these parts in wax; legs and feet very generally swollen the latter glistening & tense. Skin of the groins has ruptured all along the groove, and just above the pubes there is a rent 2½" in length, 2" in br. & making prelim incision a layer of cellular tissue cut thro. 1½C over thorax. & abdomen, and a quantity of yellowish serum follows at once the incision. The panic. adipos. tissue infiltrated looks very peculiar, having a general translucent gelatinous aspect, the isolated blebs of fat, form opaque white colour, being scattered irregularly thro. it. On opg the peritoneum a considerable amount of serum escaped. (the quantity collected. from abd. & thorax that was escaped from the skin was) Liver large. dark red in colour, occupies normal position. Spleen projects in the epigastric & is irregular in the surface. Intestines pale & shrivelled. Umbilical vein large. distended with blood. which on making a small incision, flowed out in a natural looking stream. On cutting up the ant. part of the neck a large extravasation of blood is seen beneath the skin in the cellular

chiefly in the form of dark, pitch looking coagula. This extended filled up the subcutaneous tissue in the ant. region of the neck extending from the clavicles and roots reaching to the lower jaw. A careful dissection was made of the veins, but no rupture of any of them could be detected. There were extravasations in the adventitia of the innominate and left jugular. The clots removed filled an ounce measure.

On opening the thorax position of viscera normal. Nearly 2 ozs of clear serum in each pleura. Pericardium does not contain more than half a drachm.

Heart looks somewhat enlarged, is quite 1/2 as large again as the closed fist of the infant. Circumf. at base 7 3/4 C (3")

Rt vent. occupies the chief part and extends to apex. Length from a.v. groove to apex 4 1/4 C. Width at base 5 C. Left vent. width at base 2 3/4 C length 33 m. Rt. Auricle when cut open from apex of appendix to part of sinus midway between cavae readily admits into its cavity a ball 68 m in circumference. Chamber contains fluid blood and one small clot. and about 1/2 oz of blood flows from the vent & Cavae. Mus. pectinati extend over the whole int. surface of chamber with exception of septum and part between orifices of Cavae. They measure 1/2 M in thickness. Eustachian Valve large & well formed. Its main attachment extends as a prominent ridge along the lower & ant. walls of the annulus ovalis. From the Rt. auricle the Foramen ovale is seen to be occupied by a thin membrane which closes it apparently.

The fossa & annulus ovalis are well marked: in the posterior margin of the latter is a dark spot 2 1/2 m in length, which, on section proves to be a small spot of fatty degeneration. On carefully passing the probe round the margin of the fossa it was found to pass through a valvular opening at the upper & back part. When examined from the left Auricle the membranous closing the orifice is seen to overlap at the upper & back part to an extent of from

3 - 4 m. at this part it is not attached to the annulus so that a valvular
orifice is left. which measures 8m in length and is capable of being lifted up
so as to measure in the centre 5 m. The post. of auricular septum formed by the
membrane & corresponding to the foramen ovale measures 8m by 10m. The membrane
itself is thin, translucent, owned by numerous fine trabeculæ - the
supplementary portion appears a little thicker than the rest & the free
edge is rounded. The of Sup. cava measures. 17 m in
circumference; that of the inferior cava, 27 m.

Rt Ventricle. Chamber appears somewhat dilated. measuring from pul. ring to apex 33 m. Col. carneæ prominent & large
walls thick especially at the base where they are very thick muscular
bundles - here measures 8 m. Towards apex thinner, from 2 - 4 m
Tricuspid valves healthy. Orifice 32 m in circumference
Conus art. natural. Pulmonary artery opens from vent. looks
large and appears to pass, as a coincidently trunk, directly into
the first part of the descending aorta which looks a direct continuation
of it. The appearance is due to an enormous duct. arteriosus
which almost equals the aorta in size, Ext circumf. of latter 17 m
of Duct. Art. 16½ m. Length 22 m. It enlarges slightly in entering the
aorta - which appears, as stated above to be the natural continuation
of it, the terminal portion of the arch, where the D. A. enters is slightly
constricted, measuring only 13 m in circumference.

Left Auricle small compared with right. Mus. pect. confined to
appendix & immediate neighbourhood. Nothing else of note, beyond
that is stated above in connection with F. ovale.

Left. Ventricle. Chamber measures 22 m from a. ring to apex. Col. carneæ
not. strongly developed. Mit valve and aortic semilunar. healthy.
Mit orifice 25 m in circumference. Muscle substance of whole heart-

of good colour, & looks healthy. On visceral pericard. are numerous small ecchymoses.

Lungs small, pale red in colour, quite collapsed, and occupy a very small area in the pleural cavities - probably compressed by the fluid. Parietal pleura on both sides & along ~~aorta~~ present numerous extravasations. Sub pleural fat in moderate amount.
Spleen large, of a dark purple colour. Measures 9 C along convex surface, 4 C transversely. Capsule smooth but the surface is rough and coarsely granular. It is firm to the touch. On section, very dark in colour, surface of section firm, does not drip blood. Malpighian bodies not evident. The concave surface is much fissured and two small supernumerary organs, the size of small marbles are attached to the hilus.
Kidneys of normal size and look perfectly healthy.
Supra-renal capsules large, natural in appearance.
Liver is very large, occupying a large part of abd. cavity & extending far into left hypo. It measures across 16½ C. (6¾") in ant-post. 7C. On section healthy looking, but congested and on examination with hand lens it can be seen that the congestion is in tiny patches which are surrounded by zones of pale hepatic ligation - the congested areas are purely in the territory of the hepatic radicles - nutmeg liver.
Stomach contains a very tenacious dark black material.
Small intestines are filled with greyish yellow mucus & Forward the same dirty black - meconium, & the Large bowels are distended with the same matt the rectum being very full - as thick as little finger.
Bladder contains a few drops of urine

Left
Testicles at the internal ring, right, almost in scrotum
Umbilical arteries large

Umbilical Vein admits a probe 15/16 in circum. D. Venosus
Where the under surface of liver it is much dilated: forms a large
sinus, 20 m.m. wide. From the post. part of this the D. ven. passes
as a wide tube 12 m.m. in diameter.

CCLIII Still-born Fœtus. 17" long.

Body presents ... Skin
in many pl ... the 8th
month. ... ace or
abdominal ... cument
some of the ... ts

Rt. vent. ex
Tricuspid
Foramen
It is partiall
lunar shap
border. 3 m
Ductus arte
Ext. coronary
Ascend aort
Umbilical ar

Mrs Alty. 35. 4 years married. 3 normal pregnancies. – two living children & one miscarriage. – Peritonitis & threatened abortion – Feby 78. Pregnancy with pain & irregular tumor. Distinct foetal movts to July 78. Cessation of foetal movts in August. – Septic Sym. from End of August. – Chills fever sweating & foetid disch. Evac. of foetal bones & integument. Severe pleurisy of Rt. side Commencing suddenly on 27th November. (Troublesome Cough with frothy-mucoid Expect- but with no Physical signs for three days previously) Rapid sinking & death Nov 28th 2 a.m.

23/11/78

CCLIV Congestion of Brain (?)

– W. æt. 27, well built well nourished woman – Patient of Dr Kennedy's. Ill for 7 days symptoms of brain disease – semi-coma – no convulsions. Urine not albuminous. Screamed towards the close. Pupils . Recovered consciousness slightly before death which seemed to have occurred from asthenia

On ext. examination, left side appeared somewhat more livid than the right & Dr K states that there was very marked rigidity after death. at P.M. it was chiefly noticeable in the left arm & fingers

Nothing special about the skull cap – not much blood escapes on removal. Dura mater adherent & removed with it. It appears natural, Pacchionian bodies large & there is an unusual fibrous tissue about long. sinus – under & lateral surfaces.

Brain Cortex. Sulci distinct & in places tissue in them œdematous. At one or two spots the arachnoid covering them presented small granular spots – yellowish white in colour. Bordering the long. sinus the Pacch. granulations are large & the membranes about them opaque & thick – rather unusually so. Vessels over the convolutions moderately full. Substance On section ~~substance~~ matter moist puncta vasculosa distinct & blood oozes from the cut vessels. Grey matter not specially vascular. Ventricles. Lateral do not contain fluid (very little escaped in removing organ) and look natural. 3rd & 4th present no evident changes. vessels of Choroid plexuses & V. interpos. tolerably full. No changes discovered in ganglia. At the base

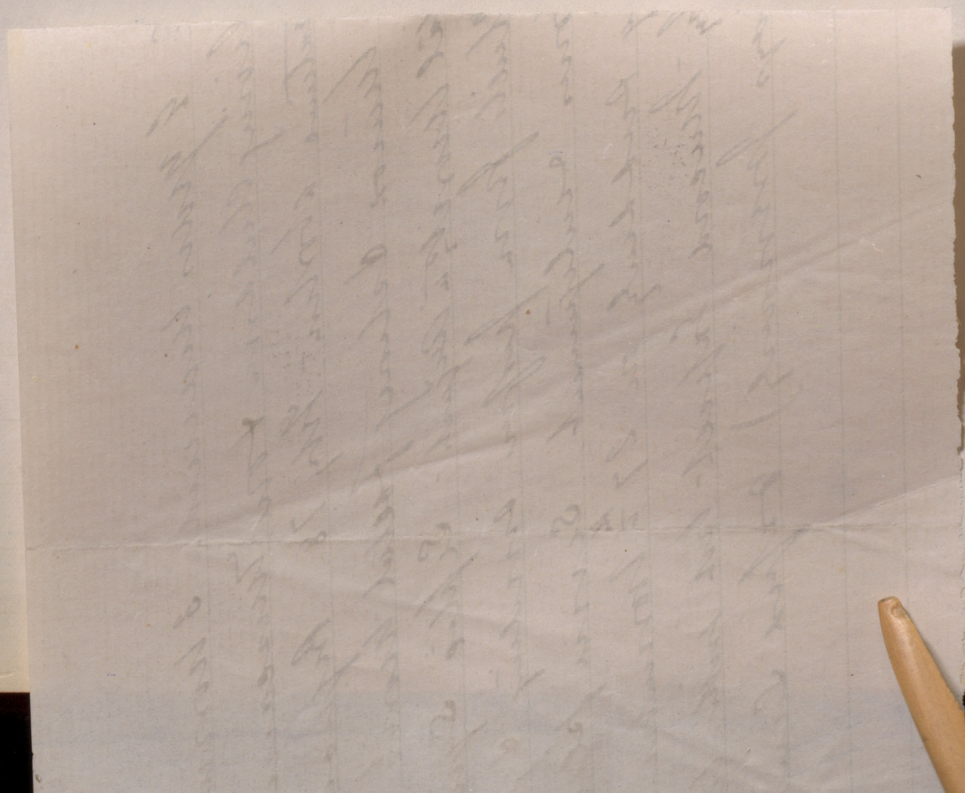
CCLIII Still-born Fœtus. 17" long.

Body presents signs of intra-uterine maceration. Skin in many places is peeling off. Supposed to be about the 8th month. Nothing abnormal found in the thoracic or abdominal viscera. The following are the measurements of some of the important cardiac arterial structures

Rt. vent. Ext. measm:- base to apex	32 mm
Tricuspid orifice — — — —	28.5
Foramen ovale	7 x 8 M

It is partially closed by a valve having a semi-lunar shaped orifice 6 M along straight border. 3 M in width.

Ductus arteriosus length -	8. M
Ext-circumf. at centre	8.5.
Ascend Aorta. Ext-circm.	17.
Umbilical arteries 7. M from origin, Ext-circm.	9. M



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arachnoid clear, no serum or lymph. No special markings of pia mater. Nothing abnormal in sylvian fissures substance of pons & medulla pass. not in carotid showing of different parts of the organ could any special focus be found.

Kidneys of average size. Left retains primitive lobulation characters. Capsule detached easily. Surface dark & congested looking. Scattered over the organ are numerous small depressed spots deeply congested, varying in size from 2-3 m in diameter. On section not found, but vessels in them very full they looked as if they might be the remains of infarcts but the absence of any induration & fibrous tissue opposed to this. On section. Cortical part looks normal; vessels moderately full especially about the bases of the medullary pyramids.

Right: much the same appearances, vessels on surface and about pyramids more engorged

Liver & Spleen felt natural

Ileum very dark externally; Normal size. Mes. mesenteric

Ovaries. Left, 3½ cm. long, 3 cm in circumference. Very firm and dense, of semi-cartilaginous hardness. Surface from opaque white, very irregular, owing to elongated depressions running chiefly in the long axis, and presenting small lateral pores. The hilus of these covers the convex border obliquely & measures 16 m On the post-surface there are 3 to be seen and at the upper end two spots looking more like the ordinary ovarian cicatrices ~~cicatrices~~ It cuts with very great resistance and the section shows the following appearances. The cortex is made up of a very dense fibrous tissue white in colour, which measures from 2-3 m in thickness

This enclosed a small amount of reddish granular tissue in one or two small Prof. follicles are seen, containing clear fluid a very long cyst occupies the post. part of the stroma, extending for 10 m beneath the prim capsule. At both extremities the induration is more advanced, at the upper almost the whole thickness being occupied. Of plasma tissue Right is smaller in bulk and, if anything, firmer feeling, like a bit gristle. It measures 26 m in length and 22 m in Circ. The convex border is smooth in the greater part of its extent but presents gentle hilly elevations. The post surf. also smooth has one shallow groove. Ant surface presents two grooves, one near the border, is narrow, but deep, 6 m long. 3 m deep.; the other is shallower & extend along the centre of the surface near to the ends.

CCLV Phthisis November ~~26~~ 24th/78.

E. Mandeville. adm. 18th. died 23rd. Age 30 40 hrs after dea

Body that of a small, moderately emaciated woman slight. P. mortem discolouration. Lineae albicanticae well marked on abdomen & thighs. Rigor mortis absent.

On opening abdomen, liver projects a hands-breadth below the sternum, position of other viscera normal.

Diaphragm corresponds to 4th rib lower border on right side. Small amount of citron coloured fluid in peritoneal cavity.

On opening thorax lungs do not collapse pleural surfaces appear universally adherent.

A few drachms of fluids in which a few flocculi of lymph float, in pericardium.

Right auricle distended with fluid blood & dark clots. ℥vi escaping from this cavity

Left Auricle also full of blood, partly clotted,

" Ventricle also contains small clots, which are partially discolourised.

℥xiii of blood & clots were collected.

Right Ventricle is dilated measuring 3½ inches along the septum. 4½ along the anterior wall. Circumference 6 inches. Trabeculae very distinct

Tricuspid orifice not much dilated measuring 4 inches 9 lines in circumference. The Valves are normal. Pulmonary & semilunar also normal.

In between trabeculae in Right Ventricle are numerous decolourised coagula. (Rt. V.) thickness of walls

Aort: Wall 6 mm. & Post: Wall 7 mm).

Lt Left Ventricle & Mitral Valves normal. Orifice measures 4 inches 7 lines. Aortic Valves are normal, the segments Cribriform. Lt Ventricle looks large. Coronary Valves as Cribriform.

Lungs. Heart & Lungs weigh 303 grammes

Rt. Lung. Occupying the upper lobe outer surface & lower half is a large cavity. This cavity does not extend into the apex but passes forwards to within 1/2 of the anterior margin, so that it forms a long irregular cavity extending transversely through the lung measuring 5 inches in length, and at broadest part 2 inches in breadth, lining membrane is very distinct, greyish in colour. In some places covered with a distinct false membrane beneath which the walls are much congested.

The apex is occupied by partially consolidated lung tissue, small cavities, numerous fibrous trabeculae between which there is still some crepitant lung tissue; cellulo-tubular connective tissue is a good deal hypertrophied, walls of the vessels are thickened. Post: part of the lung & the lower lobe a good deal congested; upper and anterior part are several cavities & deeply congested walls. The pleura covering this lung is universally adherent.

Left Lung. Pleura both as universally adherent. ~~Ant: Post.~~ Apex Ant: part of lower lobe

No adhesions but the pulmonary pleura at this point is thickened. Right lung, each part upper lobe in sulcus cavity size of small apple; it communicates with another somewhat smaller one which extends along lower and outer border of the upper lobe. Rest of tissue of upper lobe is oedematous and infiltrated with numerous small tubercles.

Lower lobe is congested posteriorly but anteriorly oedematous throughout it are numerous nodular collections of small tubercles some of which are softening. Most of these softening masses are situated just beneath the pleura. Throughout the lobe there are also a dozen or more small cavities none larger than a marble, with thin walls & dirty purulent contents. These do not appear to be in any special connexion with bronchi. The middle lobe has intertubular pleura very prominent, tissue oedematous.

Bronchial glands, pigmented, not much enlarged, no caseous masses.

Spleen closely adherent to diaphragm. Capsule much thickened, not much enlarged. Pulp natural looking, Weight 220 grammes.

Kidneys apparently healthy, Left kidney weighs 150 grammes.

Liver weighs 1605 grammes. Organ is very fatty, and in fat-poor condition

Stomach contains a quantity of dark looking fluid. Coats small vessels of mucs; mucus membrane full especially at cardiac extremity. Mucous lining and pylorus natural, Duodenum normal

Mucus membrane of small & large intestines normal.

Aorta & ascending part presents some traces of atheroma

Descending aorta not atheromatous.

Uterus appears natural, Ovaries, R. & L. 1½ cm & 1 cm in diameter. Left Ovary upper end there has a small cavity with thick convoluted walls ½ mm in diameter. It is 3 mm from the surface of the ovary. In right ovary there are the remains of an old Corpus luteum 5 mm in length 3 mm in breadth yellowish convoluted wall, No other Corpora lutea met with. Tube Passing from uterine to the round ligament is a cord 2½ C.C in length; which on reaching the centre presents a small dumb bell shaped dilatation, yellowish in colour. On section this is seen to be made of white putty like material. The adhesion to uterus is formed by extension of the muscular coat.

23/11/78 11.45 am

CCLVI Phthisis

G. Stockland æt. 40. admitted Nov. 19th. died Nov. 23rd. 2.30 pm.
Body that of an average aged man, not much emaciated
Rig. mortis still present. P.M. des. commences in dependent parts
Nails curved, but not specially so. Fingertips not clubbed.

~~CCLVII~~ ~~23/11/78~~.

On opening Abd. parietal per. is intimat. adher.
to the coils of sm. intest. wh. are also closely
united to each other. The mesent. over lies and
Stomach is also thickened and adher. On
op. Thorax the pleural cav's ~~are~~ are obliterated. In
remov. Heart, ~~3~~ xii of Hd. robots escaped. from chamb.
~~spaces~~. The R.A. is cor. ectas. by cicatr. fibrous bands.
This is chief. over appnd. R.V. large, measures from
Pul. ring to apex 4½ ins. along Ant. bord, 3½ ins
along poster. bord. Circum. 5¼ ins. Trab. mod. dend.
Tricusp. orif. 5½ ins. in circum. Tricusp. valves and
Pul. valves normal. L.V. Chamb. mod. size, measur.
3¼ ins. from Aortic ring to apex. Circum. 4 ins
Valves healthy, one seg. of aortic cribriform. Walls of
L.V. ½ inch in thickness, of R.V. 4 mm thick. Wt. of H. 300 grms.
L. ~~lung~~, layers of pleurae, intimat. adher. On Section there
is a large cav. wh. occupys the entire upper lobe, with
the excep. of a small pt. of Ant. bord. and portion of
post. surf. It is crossed by cicatr. bands: the walls
grey ish, contents semi-purulent mat. The pleura
cov. this cav. is very thick. The lower lobe contis

umn. cheesy masses, many of wh. have merged togeth. formg large areas of consolid. only extreme post. & lower bord of the lung is crepitant & its tissue is much congested.

R. Lung. Pleura very adher. here also, in up. part. On Section a mod. sized cav. occup. whole Apex of it. lob. it is crossed by very many Bronchi & Bld. vess. some of wh. have still shaggy pieces of lung tiss. about them. The Mid. Lobe & up. of lower are stuffed with tuberculose masses The interven. lung tiss. being oedem. & congest. The lower part ($\frac{2}{3}$) of lower lobe is free from Masses is slightly crep. much congest & oedem. Bronch. Glands swollen pigmented, not caseous but contr. a few tubercles. Splen closely adh. to Diaph. Capsule somewhat thick. Splen cuts dark brown in col. W. 455 grms liver. Diaph. united over post. sup. part surf. Organ firm. On Section lobules distinct. and a mod. deg. of Cirr. is present.

Kidneys. (Gall blad. small, contains very lit. yel. bile) a lit. firm Cortices pale in tubular part.

Diphtheria

CCLVII November 26th 1878

A Body of Chd well nourished well formed child Rigor mortis present P. M. Staining on dependent parts

Abdomen, position of viscera normal Thorax Lungs collapsed very slightly no adhes Small amt. of fluid in pericardium. Heart-Corp Rt Chambers much dilated Rt. Aur. contains Corp. pulpy Clot Completely decol. in upper part. it extends into Rt. vent. where it is closely interwoven with Musc. Pap. about ℥ii 1/4 of Blood escaped from Rt Chambers & veins Small valve like opening behind the Aur. V. Tricuspid Valves & Pulm. Val. healthy 2 segments of Pulm. Cirbriform. Tri Cusp. Orifice measures 3 in 4 lines circum. Left Aur. Contains dark Coagula Left vent. no Small decol. Clot Mitral & Aortic Semilunar Valves normal Mitral Orifice measures 2 1/2 in. Circum. Walls of Left vent. 7 m.m. thick Rt Scarcely 4 Lengthy of Rt vent. from Pulm ory to apex 6 Cts. along the Sept. hardly 5

Tongue Pharynx Trachea Lungs removed together with both tonsils pillars of fauces, Whole of Post wall of Pharynx Epiglottis Arytenoid Cartilages & walls of Pharynx as low as lower border of Cricoid Cart. are covered over & a thick Cream colored

Diphtheritic membrane, abm 1½ m. m. in thickness almost entirely blocks up the larynx, extends very slightly into the Trachea & does not pass into the bronchia M. M. of bronchia covered with dirty purulent matter & the membrane greatly congested. Left Lung Crepitant in upper lobe, antero in the lower part of this lobe & in almost whole of lower lobe Section in the Consolidated portions dark red in color & in the second stage of Hepatiz.

Right Lung upper lobe Crepit. whole of middle lobe Consolidated together & a small part at the base of lower lobe

Spleen, weighs blends firmly Pulp bodies swollen & very distinct

Kidneys, veins very full, especially those about base of pyramids & also stellate veins on surface

Cortex, albuminoid

Right Kidney. smaller, presents same appearance, weighs a little over 1¼ Z.

Liver looks natural, veins full, much blood oozes from the section

2 6/11/78

CCLVIII Aneurism of Aorta

æt 4 o. a tailor; very hard drinker for 14 years. Symptoms of aneur. for. latterly pressure symptoms on Trachea & œsophagus

Body that of a medium sized man; musculature ill developed; but much fat. Just to right of Man. sterni in 1st intercostal space is small ~~round~~ projection which pulsated during life, pulsation was very marked. Nothing unusual in abdominal cavity

On thorax, on removal of sternum, ant wall of an. sac found to be made up of Man sterni together with inner ends of clavicles & cartilages of 1st & 2nd ribs, the former being much eroded, & the fibrous lamina of the sac being in direct contact with them. A small amount of fluid in left pleura - none in right.

Left lung heavy & congested, dark in colour & contains much blood - No pleur. adhesions. Right paler in colour crepitant throughout.

Spleen a little enlarged, firm - nothing unusual in section

Kidneys both large. & on pressure firm & hard, Capsules a little thick & slightly adherent. On section organs of a uniform dark red colour both cortices & pyramids injected & no one part more than another. A good deal of blood oozes from surface of section

Liver of av. size. contains a good deal of blood. Otherwise from external appearances & sections.

Nothing special about stomach or intestines as far as ext. examination.

Trachea ~~Heart~~ & œsophagus Rec. & Rectum removed together

CCLIX Pneumonia 27/11/78

James Flowerlick - In only two days.
Body that of an average sized well developed man
Rigor Mortis present -
Nothing special about abdomen - Diaphragm on
left side corresponds to 4th interspace - on right
to fourth -

On opening Thorax. Lungs do not
collapse. Slight adhesions.
In pericard about one ounce of clear fluid
Large patch of attrition on at surface of
Left Ventricle and similar one on Post.
Surface. Small one also exist about root
of aorta. Right Auricle distended with dark
Clots which extend into the veins and right —
ventricle. where they form a firm partially decolorized
masses interwoven with the Columnae Carneae.
Left Auricle contains a large dark Coagulum
Left Ventricle small decolorized clot
Heart Right Auricle dilated. Tricuspid
measures 5 ½ inches in Circumm. Valves normal.
Pulmon Semi lunar Cuspidors in all the segments.
Right Vent measures from Pulmon ring
to apex 5 inches along anterior wall 4 inches along
septum.
Circumference 5 3/11 inches. Left Auricle presents
nothing
Left Ventricle Chamber not dilated
measures only 3 inches along the Septum

four inches in Circum. Valves. Mitral healthy Semilunar cribriform. Aorta healthy. Heart = 360 grams

Lungs. Left 670 grams. ~~Right~~ Crepitant throughout. Pleural surface much pigmented. On section organ contains much blood and serum. Good deal of serum in the dependent parts Bronchial Glands small, much pigmented Right Lung = 1830 grams.

670

1160 = 2½ lbs

Crepitant at extreme apex and along the Ant. Margin for a distance ranging from an inch to nearly three inches Rest of organ is solidified and airless. Over pleura

On section apex is extremely oedematous. The consolidated part above, pale. surface moderately moist. In lower lobe the surface is not so pale through on section more fluid oozes out which is partly purulent partly sanguinous. Middle lobe in post three fourths in the same condition

Spleen weighs 185 grams. Soft. Pulp brownish red. Easily lacerated.

Kidneys little pale about the tubules of the cortex otherwise healthy At the apex of one pyramid small fibrous nodule

Stomach Towards cardiac part the mucous memb. much congested. thin by P.M. Solution. Nothing special about. Small Intestine

Nothing abnormal in the large intestine

Liver = 2310 grams. Firm. Larger veins contain good deal of blood. Central veins of the lobules distinct but the organ not nutmegged.

Coagula in all the veins of the body.

Bladder healthy

28/11/78.

CCLX Extra Uterine Pregnancy. 8 hrs after death.

Mrs alty at 35

Gen. appearance.

Body that of a small much emaciated woman. Rigor mort. present. Abdomen sunken. — Sat almost dissected from transverse — Panniculus adiposus very scanty.

On opening the Abdomen the anterior wall is adherent in all the parts below the navel with to the sack containing the remains of the foetus.

The sack at its upper part is adherent to the transverse colon —

On opening the sack the contents look like dark clots mixed with little dark particles

In this are the bones of a foetus, much blackened, but perfectly devoid of soft parts.

The sack is about the size of a child's head and occupies the upper portion of the pelvis extending up about as high as the navel and laterally into the inguinal regions of either side. —

The walls are about 2 m m thick – The lining membrane dark grey in color in some places quite black. The sac extends deep down behind the uterus, quite low as the neck and on right side are several ulcerating sinuses passing ~~between sac~~ into the tissues between sac and uterus the walls in this situation are thicker than elsewhere. On the right side it is firmly attached to the coils of the ileum & in one or two places has nearly ulcerated through. A little to the left of the upper part of the sac is an oval communication ~~between~~ with the sigmoid flexure of the colon – about 3/4" in length. edges rounded & dark in colour. In the broad ligament of right side is a cyst the size of an apple, filled with similar ashy like material as the main sac. with which it communicates by a valvular orifice. It has thick walls with a grey well formed lining membrane. The fallopian tube on this side terminates at the upper part of the cyst wall in a blind somewhat dilated extremity having no connection with the cavity. It can be traced as a somewhat enlarged tube for 1½" imbedded in the tissues of the wall of the sac. The ovary of this side was not found, whether accidently cut away or whether destroyed in the formation of the sac, cannot be said with certainty. The Fallopian tube of left side has been cut off about 2" from uterus. Ovary of this side not to be seen perhaps left in the body – though the entire contents of pelvis were removed.

Tissues of broad ligament on both sides very much thickened and indurated and on the right, below smaller sac, there is suppuration running in lines towards the os uteri, & some of the veins contain thrombi.

The uterus is slightly enlarged, mean 5" in length, of which 2½ made up by cervix M.M. except that of cervix covered with a dirty semi-purulent secretion

Heart R. Cavities contain clots & fluid blood those in right heart are elongated.-

Firm clot adherent to mitral valve

Nothing abnormal in valves or walls

The Auricular Septum shows five small orifices the largest about 3 m.m. in diameter. and on the side of the right Auricle numerous fibrous trab. pass across the wall.

Rt Lung Pleura of lower lobe covered with recent fibrinous exudation

Post. part heavy & lower lobe collapsed, dark in color - there are one or two small purulent foci in middle lobe, post part.

Left lung - upper lobe crepitant - lower lobe dark - containing several dozen nodules representing areas of septic infection - pleura covering part also inflamed

Bronchial glands very dark in color one or two of them very much indurated.

Spleen somewhat enlarged good consist and dark brown color (Weight 230 gr)

Kidneys both very anaemic but not

8/12/78

CCLXI Wound of Skull & Brain

At. a strong able bodied young man received by the slipping off of a circular saw a severe wound of skull as well as of the left side of the front part of which was cause of.

The wound in the skull

Dura Mater. Over left parietal Region there is a large rent three inches long & an inch & a half wide extending transversely from the longitudinal Sinus to a point a little anterior to beginning of posterior fissure of Sylvius Through this rent the brain substance protrudes in irregular masses covering over the edges of the D. mater — There is some lymph about the edges of the wound and some clots adherent to them. —

There are some superficial clots over the dura mater immediately to the right of the Longit. Sinus.

On slitting up this Sinus (the Longitudinal) it contains one small clot & at the point where the laceration touches it there is a small mural clot — On removing the dura mater there is a thin extravasation of blood effusion between the dura mater just as it is reflected to the ~~cerebrum~~ cerebellum

The Pia Mater is stained - not much injected and over the Parietal convolutions there are very delicate flakes of Lymph — There is more

lymph over the frontal convolutions on the right side, but this circumscribed affection is remarkably slight.

The laceration is confined to the ant. & central parts of the first & second frontal convolutions which are almost entirely destroyed a rough ragged clot lying in the laceration.—

The ant. part of the first frontal conv. is not so much damaged as the second.

The central portion of the first frontal convolution on the Rt. side is congested and ecchymosed — numerous small cavernous extending through its substance — and the Pia mater over it is inflamed and covered with lymph

Nothing abnormal in abdomen. In Pleural cavities 2-4 ozs of dark blood in each. — no sign of laceration of membrane nor did it escape from the cut veins after removing the sternum. Heart large; rt cavities contain cylindrical clot — clot in rt. ventricle with the col. carnea L.V. also very firm buff-colored clot. Valves & orifices normal. Measurements:

Lungs, not adherent anywhere — pleura very little carbonaceous matter. Dark, heavy and edematous posteriorly & at right apex. In lower lobe of rt. there is an areal spot of apoplexy. Bronchial glands enlarged & black pigment age — healthy.

Kidneys healthy.
Liver. Good colour. no alteration in structure. Gall bladder very full D.C.ch. pervious
Nothing abnormal in shilling of Stomach & intestines

CCLXII Phthisis 17/12/77

Wm Liggins æt 28. adm. aug 24th Died Dec. 14th. Hamby.
Body much emaciated (typus).
On opening abdomen (mistake – event to college.)

19/12/78

216

CCLXIII.

Palton æt. disappeared on Saturday – the 14th – found in a sleigh in his own shed on the evening of the 18th. The sleigh was one which had been put away for the summer & was up in a loft; he was lying curled up on his left side, with a sheet drawn over him.

Body that of a tall very muscular man. Limbs stiff – from being frozen. Face slightly suffused. Slight post mortem discolouration of the skin of posterior part of body. No signs of injury

Viscera of abdomen in normal position

In Thorax, a few adhesions between layers of pleurae. No fluid

Heart Rt chambers dilated with blood. & a large quantity flowed from the veins on removal of the organ. Tricuspid orifice large admitting four fingers to 2nd joint. Rt. vent. appears dilated & contains blood and clots some of which are decolourised & extend into the pul. artery. Walls relaxed. Left chambers contain very little blood. Lt vent. contracted – cavity small – walls thick. Mitral valves & orifice normal. Muscle substance of heart healthy

Aorta and its branches normal; former contains blood. – No blood stained of intima

Lungs. Right. crepitant throughout, posteriorly oedematous & dark from contained blood. Bronchi normal.

Left. heavy, dark, purple colour. non crepitant except at ~~ap~~ anterior margins. No lymph on pleura. Portions excised sink in water. On section much blood and serum ooze out. & the surface is smooth, not granular, & of a deep claret colour. On inflation with blow pipe air vesicles can be readily distended. Nothing purulent in bronchi.

In Trachea, a little brownish coloured mucus.

Spleen normal.
Kidneys healthy left contains a good deal more blood than right
Liver natural looking, veins full - not examined &c.
Stomach tied at both ends removed for anal. & contents
Small bowel empty. Mucous healthy
Large bowel contains consistent faeces. Mucous healthy
Nothing in pallet or larynx.
No fracture of vertebra
Brain. (Opened after Thorax) Vessels moderately full, Substance firm, nothing abnormal in substance. Blood in ventricles frozen.

CCLXIV Carcinoma ventriculi.

Dr. Reynes. at. . Ill for several months, obscure symptoms ~~fever~~ much vomiting, pain severe about epigastrium. Dark tarry stools occasionally. once or twice vomiting of grumous matter.

P.M. 12 hrs after death. Body that of a large powerfully built man. well nourished, (but had lost much flesh). Skin pale.

Abd wall pr. mus. pan. adipos well developed.

In abdom. Omentum fatty. a firm nodule is felt in epigastric region just on front of pylorus, but attached to peritoneum.

In Thorax. viscera normal. No fluid in pleura.

Heart 20oz = flabby - pale in colour. Nothing abnormal in ventricles. Valves healthy.

Lungs crepitant throughout

Spleen not enlarged. normal.

Kidneys healthy.

Intestines Nothing to note in small - in jejunum they are dark externally. Ileum - 1/2 feet - from. ileo-cecal valve is an enlarged diseased gland about bowel. - puckering it slightly.

Splenic flexure of colon. adherent to stomach & matted with omentum & coils in this region - No perforation.

Perforated into pericardium

3/1/79

CCLXV Suppurative Nephritis &c. 12½ p.m.

Johnson Briggs æt. 59.

Body that of a well built-somewhat corpulent man Copper coloured scars on shins. Skin jaundiced—tolerably intense. Small nodular body, 1½" below left nipple, projects about 2", & is surrounded by lightly pigmented skin & a few hairs—probably a supplementary nipple. , slight P.m. decomp. [illegible]

Pan. adiposus thick & bile stained

In abdomen—position of viscera normal. Coils of small intestine small & shrivelled. In thorax—no fluid in pleura. Mediastinal fat excessive. Small amount of fluid in pericard. Sub-peric. fat in excess over front of rt. vent. & aur-vent groove.

Rt. auricle full of clots & dark blood.—In appendix clot—an decol. In rt. vent. a large clot adherent to trabeculae & valves & extending as a partially decol. cord into pul. artery. Chamber is large along septum fr. pul. ring—4½" circumfer. 5¼" valves healthy. One segment of semilunar fenestrated. Tricusp-orifice measures 6" in circum. Walls 3''' in thickness. Left. vent. firmly contracted—chamber meas. 3½" fr. aortic ring to apex. Circum. 4¾". Wall. ¾"

Valves healthy, but a little thickened, & in post segment of semilunar valves vent. surf. is a elevated thickened with a sharp uneven crest. One small fenestration. Aorta looks large, not diseased. Measures 3½ in cir.

℥x of blood & clots collected fr. chambers of heart, & another ℥iv escaped in its removal &c. Aorta contains fluid blood. Intima of H. & vessels not stained

Lungs dark in colour & collapsed at bases.—[illegible] dilated, crepitant throughout.—Do not appear very emphysematous.

Spleen 320 grms slightly enlarged: soft. Mal. bodies distinct.

Kidneys removed with ureters & bladder. Right somewhat enlarged, caps. peels off easily, leaving injected surface, most marked in certain places, two or three cysts. On section, scattered areas of suppuration are seen, chiefly in the cortex, often running in lines, very abundant in the proportion of the cortex toward the pelvis. — pyramids of only a few sup. foci in medullary pt.s. Tissue about spots injected but areas are firm & in one or two is then distinct creamy pus. Pelvis contains a dirty looking muco-purulent matter, M.m. injected, not ulcerated. M.m. of ureter also injected but otherwise intact, toward bladder tube a little dilated.

Left Kidney also slightly enlarged, but not so much affected as the other, only 4–5 small areas of suppuration are seen, & one firm white body near surface. Substance tolerably firm. Pelvis injected. Ureter a little dilated near bladder. M.m. not much, if at all, inflamed.

Bladder walls thickened & sacculated – contains ℥i of dirty muco-pus. M.m. injected, not ulcerated, but presents numerous small orifices, 3'''–5''' which lead into pouches, ranging in size from marble to small apple – the largest being toward left of organ & contains ℥iii of muco-pus.

Stomach. M.m. cong. in dep. pts. & covered in whole ext. with glairy mucus. In duodenum, on squeezing comm. bile duct, a drop of very insp. bile & yellowish mucus escapes – (Obt. only after several attempts – Com. bile duct appears empty & cannot say positively whether drop may not have come from Gall bladder). Nothing more in Small Intestines. Mucosa covered with mucus. Peyers patches very distinct. Large intes. contain scybala some of which are clay col. others quite dark. Unfort. they had been removed before position of them in gut was ascertained

CCLXVI Ichthyosis. General Tuberculosis

Male child aet 6. Ill for 5–6 weeks. 4–5 days before death, paralysed in right side – recovered partially – enough to lift his hand.

Description of skin see

On opening abdominal cavity, position of viscera normal

Peritoneum clear, no tubercles. Some of the mesenteric glands are a little enlarged. In the portion of liver which is exposed small white nodules can be seen in the substance.

Thorax. Lungs of full volume & do not collapse. No fluid in pleurae no adhesions. Pericard small quantity of fluid

Heart, right chambers much dilated with grumous blood & clots, wh. are partially decolourized ~~at~~ superficially. Valves normal. Tricuspid orifice large. Nothing abnormal in left chambers.

Lungs

CCLXVII

Heart Disease

Coriid 24

A Large well built man, Skin somewhat livid particularly below and in the Lower extremities. Nothing abnormal in abdominal cavity, unusually Long thyroid Gland On opening thorax Lungs do not collapse No fluid in pleuras, Slight adhesions posteriorly on left side none on right In pericardium small amount of clear fluid,

Heart

Right chambers full of fluid blood, no clots, - 4 ounces escaped on section of these chambers. Left Ventricle empty and relaxed.

Endocardium of right auricle somewhat opaque and towards the tricuspid a little blood stain Right Ventricle large - walls relaxed -

From pulmonary ring to apex measures 4 inches. Circumference five inches - Valves healthy 3 segments of pulmonary Semi lunar Fenestrated, and central segment a little thickened at one edge.

Tricuspid orifice is large measuring 6 inch in Circumference

Left Ventricle Walls relaxed
Chamber empty, the Chamber
measures from aortic ring to apex
four and a half inches, Circumference
five and a half inches.
Mitral valve, anterior segment
& attachments
a little thickened, cords & aortic
ring, Aortic Valves not quite Competent
Mitral allow of slight regurgitation
They are opaque, somewhat thickened
the posterior segment is not shortened
and appears smaller than the others
measures 5/8 of an inch across its free
the Mitral valves measuring 5/8 of an inch
along the free border, the posterior segment
about one inch, the anterior segment
nearly an inch and half each
posterior segment has also a
large fenestration the edges of
which are thickened.
First part of the ascending aorta
is thickened, firm and just
above the left Anterior segment
presents one or 2 small calcareous
plates, just beneath the intima
Pulmonic orifice measures 4 inches and
5/6. Weight of Heart 5-80 grm
Left auricle shows nothing abnormal

Right Lung a little buckled
crepitant throughout. Little dark posteriorly. Bronchii contain a considerable amount of muco-pus, and the submucous tissue injected
Middle lobe very imperfectly marked
Spleen, Enlarged, very soft-bears easily, weighs 420 grms
On section pulp almost diffluent
Stomach large - contains curds - mucous membrane much mammilated dependent - parts a little softened
At the pylorus Gone Mammilae are absent - nor are they so prominent towards the Cardium,
Nothing abnormal in duodenum
Bile flows from papillae Biliaris on pressing the duct
(Intestines contain fluid feces)
The Liver is Large very soft
Greasily fatty
Kidneys, large tolerably firm, Veins nothing abnormal about

Aorta Large, dilated, Intima much roughened and atheromatous, numerous flaccid & thickened nodules extending along whole face of vessel

16/1/78

CCLXVIII. Obliteration of Super. Cava. 24 hrs Pm

Gardner. at 27.

Body that of a average aged man, of spare habit. Not much fat. Legs. Swollen. — On fluid had been removed, Pk. from the belly. Skin of a dark kind, particularly upper part of thorax & then - P.M. discolouration of skin in extremities. Superficial veins of abdomen not very distinct. No scars about body. On opening abdomen, peritoneum of an intense kind-red colour, from injection of the smaller vessel, & this is seen as well on the parietal as the visceral portion. Here & there a few flakes of lymph are seen, but the general surface is still smooth & glistening, not much & dimmed as is usual in peritonitis. The fluid measures 300 - of a dirty brown colour & turbid. The intestinal walls are much glazed, sodden & heavy, & the mesentery is also thick. No spot of perforation could be detected on carefully tracing the coils of intestine from duodenum to rectum. & they were then stripped off the mesentery and removed.

On Thorax. no fluid in pleura - adhesions at right apex

Heart of average size, removed without opening cavities. Rt auricle full of dark clots of varied proportions so much so that they did not flow out on section of the Inf Cava, wh. appeared full in part. between diaphragm & cavity. Upper pt of clot colourless, & then are perhaps adherent to appendix & pass thro' tricuspid orifice. In Rt. vent. a large, very firm, partly decolourized clot, closely moulded to ~~muscular~~ col. carnæ. & to chordæ. & valves extends into the pul. artery. Valves normal. Left auricle contains a small clot. Left ventricle; chamber filled with a firm leathery coagulum, partly decolourized. and closely adherent to walls & chordæ, filling up the mitral

orifice and extending almost into the aorta. Valves quite natural, no apparent dilatation of mitral orifice; segments of valves thin. One segment of tricuspid is fenestrated. Aorta healthy, no atheroma

Lungs, crepitant throughout; a little engorged posteriorly & slight collapse at bases, otherwise quite healthy.

Spleen large, almost double normal size, very firm, cuts with resistance, pulp of a purple-black colour. Trabeculæ & vessels very distinct. Malp. bodies not visible

Kidneys are large, the right somewhat more so than the left. Both exceeding dense & firm to the touch. On section, capsule peels off with considerable difficulty; especially from the left. cortex contains a good deal of blood, but the medullary rays are distinct between the lines of congested vessels. Art. recta full.

Veins about bases of pyramids distinct. Lobes large & engorging organs much blood organs. Ureters and bladder natural.

~~Spleen about double normal size, Capsule a little opaque, not adherent to diaphragm. Organ very firm, on section dark purple colour, trabeculæ well marked and pulp solid & resistant~~

Stomach large and contains the remains of food with a thick dark coloured mucus. Mucous membrane everywhere of a deep red colour from filling of capillary vessels, more intense at cardiac orifice. It is almost black. At the pyloric end & towards the greater curve are areas of a dark slate grey colour.; 10-12 small erosions, chiefly superficial, with dark bases, are seen over the membrane. The submucous veins are enlarged & prominent, particularly in the region of the lesser curve and cardiac. ~~Duodenum~~ Intestines are very dark in colour, walls sodden & relaxed, but serous coat smooth. Mucosa is dark & congested. On pressing D. Com. duct. bile flows from papilla.

Large bowel contains small quantity of faeces, walls dark, veins full.

Numerous large veins about caput coeci and along whole course of rectum. The mesentery is heavy & fatty looking. Peritoneum is smooth, & not so dark as in bowels. On section veins enlarged & the fat is everywhere traversed with small vessels and its lobules are much more distinctly marked than usual. The glands are dark in colour, but do not appear enlarged

The Pancreas is exceedingly dense & firm to the knife, so much so that when first examined it was thought to be the seat of schirrus, but on section is found to be made up of normal gland substance, the lobules strongly marked from the surrounding connective tissue. Liver is enlarged somewhat in size and feels heavier than natural. Surface not perfectly smooth, but is marked out into irregular, slightly projecting areas which are very distinct towards the anterior border, just above the gall-bladder. The capsule is not thickened, nor are there any cicatrices about the anterior half of the organ, on both surfaces, the capsule is studded over with innumerable small, semi-opaque bodies, ranging in size from a grain of sand to a millet seed. Near the border they are largest and on examination with a pocket lens look button-shaped and some have a clear depression in the centre. Many of the larger are pedunculated. Farther back on the surface they present the appearance of clear grains - very like the granular condition of the sometimes seen in the ependyma of the Ventricles. They appear to be little fibrous outgrowths of the capsule. On section the organ cuts with resistance and feels very firm. The lobules are very distinctly mapped out and appear very prominent on the surface, each one being surrounded by a thin zone of connective tissue. In some places the cirrhosis is more advanced and small areas of fibrous tissue prevailing surround the remains of lobules. The lobules are of good colour

not fully; central vein often very distinct & large. Gall bladder full of bile. Hepatic duct natural. D.C. chol. large.

Venous system. Veins of abdomen & thorax not specially prominent post-mortem, but could be seen through the thin skin. Veins of the legs looked large, and some were varicose, though the enlargement was by no means striking. Vena cava inf. From the right auricle to the diaphragm natural looking and filled with a large convoluted clot, continuous with the one in the auricle. Intima is clear & the other coats of the vein part thickened. At the diaphragm this portion of the vein terminates in a sort of cul-de-sac, the floor of which is made up of connective tissue, and on either side two small orifices open into it - hepatic veins, the right measuring mm, the left mm. From this point to the entrance of the left renal, the inf. cava is represented by a dense fibrous cord, 62 mm in length, narrow at the middle (10 mm) wider at either end, & just above the renal measuring 18 mm across. The central part of the cord has between the Lobus Spigelii and the right lobe and is tolerably free adhesions to the liver substance; the whole connection of lower part are quite loose. The surface of the right lobe in the neighbourhood is rough and thickened, but not more, perhaps, than is usual in the fibrous attachment to the diaphragm. The tissue of the lobus Spigelii is perfectly natural looking even to the very margins of the cord. On section it presents a dense fibrous aspect, is solid throughout and composed of closely packed bundles of connective tissue. There is a peculiar grayish translucency about it, but no trace of blood channels whatever. A small vein, with distinct walls penetrates it from below for a short distance. The obliteration terminates just above the entrance of the left renal; the vein for below this measures 40 mm

gradually widens as far as the bifurcation, wh. it measures 70 mm ~~does not look larger than natural~~ and but:

in circumference. The ~~whole~~ vessel is ~~looks~~ opaque & the walls are ~~a good deal~~ 3-4 times the ~~natural~~ usual thickness, and externally present a well marked longitudinal striation. The intima is thickened and corrugated, ~~about~~ presenting above a few atheromatous knobs and one small calcareous plate; in the middle portion elevated lines running in various directions giving a reticulated appearance to the membrane, while about the bifurcation there are some elevated spots

Branches (1) Renals. Left. renal forms a large ~~vein~~ trunk, 30 mm in circumference, walls thick and opaque. It has two branches; one nearly as large as itself entering from above at the post.-superior border, the further course of which was not traced; the other a still larger vessel entering from below at right angles. The right renal, not so large presents two branches, one opening above, the other on the posterior side.

(2) ~~Left~~ Right spermatic, ~~trunk~~ forming a large branch wh. entering a little below the renal, to which it approximates in size. (22 mm)

(3) Lumbar, ~~very~~ 4 branches greatly dilated. Only three orifices were found on the post. wall of the cava – the veins from either side may have united – as is not unfrequently the case. The size of these veins was very striking and attracted attention before the nature of the case was suspected.

(4) Iliacs, much dilated the left rather more than the right.

A large vessel lay along the left side of the aorta extending from the left renal to the iliac and almost equalling the V. C in size, measuring at its upper part. 33 mm in circumference. Above it opens into the left renal just before that vessel crosses the aorta, below it divides into 2 branches, one of which the smaller, somewhat irregularly placed, enters the

left com. iliac, just at the bifurcation, the other passes down for a short distance and opens into the external iliac. Posteriorly this vessel receives 4, moderate sized veins.

The pelvic veins were all enlarged and prominent, particularly those about the rectum (haemorrhoidal plexus)

The veins of the diaphragm were very large ~~posteriorly~~ and formed a dense plexus with those of the coronary and lateral ligaments of the liver as well as those of the lesser curve of the stomach a dense network of large veins existed about the cardia and lower part of oesophagus.

Azygos veins: Major, unusually distended ~~almost~~ equalling the aorta about the umbilical plane.

V. c. inf; measures 62 mm in circumference. & keeping the same diameter throughout; The intercostal, particularly of the lower are greatly dilated. Left azygos large, but not the greatest size of the right: unfortunately its connections in the lumbar region could not be traced

Portal system. Portal vein. Mesenteric vein & its branches distended with blood, even to the smallest vessels. Splenic also full, & Portal vein truly measures 33 mm in circumf. - right branch admits the little finger. Branches throughout the organ do not appear much dilated

Hepatic veins. In many of the lobules the vasa centralia are much dilated and one of the most striking features in a cut section of the liver is the immense number of prominent large hepatic veins full size. Two main branches pass obliquely towards the concavity greatly in their course and finally opening in the vena cava by the ten small ones already noted. Immediately behind these openings the veins are considerably dilated, but the walls are thin and

not at the normal site. About the margin of the right orifice there is some pink looking fibrous tissue which at the posterior part forms a sort of imperfect valve. The opening of the left vein is situated at the bottom of a small funnel shaped depression of the cava

Diphtheria

CCLXIX Eliza Acherigan æt. 12 Jan 26. 1899.

Body of an average size & thoroughly well nourished girl, nothing of note in abdomen, On thorax, no fluid in Pleuræ normal amount in Pericardium. In Rt. Auricle large decolorized clot. Rt Ventricle also contains a small pale coagulum Left Vent. modernly firm contains fluid Blood. and one small clot Lft Auricle only fluid Blood. About ʒ iii blood collects from chambers and vessels. Heart Valves appear normal Chambers not dilated, Muscle substance does not appear very pale. Lungs Right somewhat heavy On Section a good deal of blood oozes from the veins in the dependant parts. Left does not contain so much blood and both organs crepitant throughout, no clots in Pulmonary Arteries or Veins

Spleen a little enlarged, very firm, Malpighian bodies very distinct

Kidneys Rt appears a little large for size of girl Kidney substance looks quite healthy; Veins full & more than normal amount of blood in organ.

Stomach. Mucous membrane injected in places
otherwise appears quite natural.
Liver appears normal.
Larynx & Pharynx mucous membrane appears to be
same although Tonsils in place have a slight
streaky appearance. Under surface of Epiglottis & Aryt. fold.
injected slightly.
Brain nothing special about external appearance
no overfilling of vessels.
Heart. Microscopical examination

27/1/78

CCLXX General Tuberculosis

Mary Ingram. 40. died Jan 25th.

General appearance. body that of a small feebly developed woman numerous scars. white & thin scars over abdomen and anterior crural regions. In abdomen omentum is adherent in the pelvis. peritoneum rough and covered over with granulations some of these are larger than others and much pigmented. these latter are very numerous over the small intestines less so on parietal layer; the majority of them are small not larger than a pins head, they seem more abundant towards ileum but are very thickly scattered over whole surface.

In the thorax Rt Lung almost universally adherent. left lung at apex and posteriorly. Heart right auricle contains a large solid coagulum & decolorized at its upper surface. Foramen ovale represented by a valvular orifice, Eustachian valve persists.
Rt Ventricle contains a large, partially decolorized, clot which also extends into the Pulmonary artery. Tricuspid orifice large measuring nearly 5½ inches in circumference
Left Ventricle contains a small amount of blood. valves normal: posterior segment of mitral slightly thickened.
Aortic valves healthy
Lungs. Rt Lung ~~cupitual throughout~~ on section a small cavity the size of an almond at apex and near another the size of a pea. both contains creamy pus & the whole

with small miliary tubercles

area is stuffed, only a few over the pleura
Left lung no thickening, no cavity at apex, upper lobe cusp.
lower lobe heavy dark in color an attempting dilate & not partially
inflates, on section surface darkened in color in spots, chiefly
towards root of lung color is greyish red. - hepatized.

Spleen firmly attached to diaphragm, small; capsule is not small
cicatrices

Kidneys, pyramids pale. no tubercles in kidneys (a few are found)

Liver firm no tubercles.

Stomach large contains a quantity of brownish fluid. mucous membrane
pale. no intestines. on ileum a dozen or more small ~~ulcers~~
~~ulcerations~~

27/1/78

CCLXXI Apoplexy.

- Brantry. at 36 saloon keeper, found dead in his bed, still warm at 11 am. 26th. D.K. had attended him 18 months before pr. primary sore, followed by several constitutional symptoms. Body that of a well built, well nourished man. R. mort. present. Nothing special note in abdomen. In thorax, pleura pr. Pericard. normal. Heart of average size; right chambers full of blood. Left vent contracted. Valves & orifices natural. Lungs congestant throughout, a little hazy & dark posteriorly. Spleen, not enlarged, but soft. Kidneys Capsule stripped with slight resistance & organ as a whole paler than normal. On section cortex not diminished. Vessels full in both pyramids & cortical parts. Liver not enlarged, moderately firm, pale in colour, looks fatty. Stomach and intestines present nothing special. Cranium Skull thick not abnormal; internal surface smooth. Scalp Skin over skull dense & firm, & contains a good deal of blood. Calvarium thin. Nothing special about Dura mater & sinuses. In the normal pons a large extravasation is seen. On the pia mater presents the following features: a uniform coagulum extending from the optic commissure in front to the lower part of medulla behind, entirely subarachnoid and concealing all the parts beneath save the ends of the nerves which pass out through it. Laterally it extends as the sylvian arteries, along the arteries posteriorly it encircles the medulla & pons & the cerebellum, under part of the ventricle, and at the back of cerebellum forms a large flabby swelling beneath the arachnoid. It also follows the course of the post cerebellar & post cerebral arteries, infiltrating the meshes of the pia mater. On removing arachnoid the clot is found to be thin & superficial over pons, thicker on exposed spaces above, over & medulla & pons as thin uniform

28/1/79.

CCLXXII Cirrhosis of liver

Brodie. et. . and rheumatism

Gen. appearance. body that of small but well built man, legs very much swollen, Belly greatly distended holding nearly a pailful of straw coloured fluid Intestines relaxed & look dark coloured in Thorax both lungs closely adherent at the sides & apex, the right free over the Diaphragm, Heart contains clots in the right chambers left ventricle contracted valves & orifices normal, aorta healthy.

Lungs. Pleurae over both covered with fine oedematous connective tissue, both organs crepitant somewhat oedematous collapsed at bases

Spleen weighs 310 grm. rob very firm, pulp looks natural adherent to the diaphragm in a limited area

Kidneys very pale pyramids especially so capsules detach with difficulty tearing the substance, nothing special about the cortex except the pallor.

Stomach contains a quantity of bloody fluid, the mucous membrane is covered with closely adherent mucus, no erosions are seen and when cleared of blood stained mucus the membrane below looks pale. There was nothing peculiar in the oesophagus, nothing special in duodenum. In the entire small intestines a quantity of blood covers the membrane. That in upper half having a bright red color in the lower black & tarry.

Large Intestine gray coloured fluid faeces. The

Cerebral apoplexy (cont)

layer. The portion at up & back pt of cerebellum consists of a thin clot. & a great deal of serum, which has sunk to dependent parts. On tracing the vessels, ~~the~~ a very great disparity in size is seen between the vertebrals; The left is very small, only 7 mm in cir., the right large with thickened walls, 12 mm in circumference. At the junction of the two the walls of the vessels are very thick, in places appear opaque while in other regions of a peculiar greyish translucency. On injecting water into the right Vert. an oozing is seen just at the point of union of this branch with the basilar at a spot where there is a slight prominence on the wall When the ~~artery~~ R.V. is slit up it measures at widest pt. 17 mm, the coats are thick, intima smooth, but beneath it are patches of opacity; Just where when the left V. ~~appears to~~ enters there is a ~~[illegible]~~ shallow little dilatation in the wall. and at the center of this a tiny perforation through which an ordinary-sized bristle can pass.. Walls of basilar thick, about the middle very much so the lumen being considerably narrowed. Carotids are a little stiff and the middle cerebrals present a few small atheromatous patches

mucous membrane is blood stained, otherwise natural looking.

Liver 1020 grms. Very much reduced in size. The right lobe somewhat pearshaped much wider antero posteriorly than transversely, and is separated from left lobe by a deep fissure which corresponds to a band of fibrous tissue separating the lobes. The surface is rough & nodular, the majority of knobs coarse blackish-green in color, intervening tissue quite cicatricial. Immediately to left of falciform ligament are several rounded masses corresponding to upper surface of Lobus Spigelii. The left lobe forms a thin flattened mass about size of palm of hand. It is not so nodular upon upper surface. Its under surface capsule is thick & vessels strongly marked. The under surface of right lobe displays numerous nodular projections. The Lobus Spigelii is connected into two or three almost entirely separated nodules. Portal vein reduced in size. Will barely admit tip of little finger.

Artery & duct natural looking. Former does not appear enlarged.

Brain looks healthy, but pale.

28/1/98

CCLXXIII Emphysema. Pleurisy .18hrs PM.

Mrs McDonald. æt.

Body that of an elderly not very well nourished woman. In abdominal cavity nothing of special note in peritoneum. Lower margin of liver, fibroid.

Thorax Right pleura contains a large quantity of turbid fluid in which flakes of lymph float. Left contains a smaller quantity.

Heart A small amount of clear fluid in pericardium. Right Ventricle occupied the whole anterior portion of organ & appears greatly dilated.

Right Auricle, large contains a grumous clot colorless & closely adherent to appendix. Muscular pectinati strongly developed. Endocardium a little opaque. Well marked remains of Eustachian Valve.

Right Ventricle. From pulmonary ring to apex measures 10 & a half centimetres. Circumference 15½. Tricuspid orifice measures a trifle over 5 inches in circumference. Muscle substance measured in thickness measuring six millimetres in anterior wall.

Left Ventricle small measuring seven centimetres from aortic ring to apex. Mitral & aortic valves a little thickened. Edges of chordae tendinæ fibroid.

Lungs. Left very emphysematous par

. laterally on anterior borders. On under, i.e. diaphragmatic surface of lower lobe, two or three large emphysematous vesicles, largest size of of a small hen's egg. Whole of this lobe is extremely affected. In the upper & back part of lower lobe is a firm nodular mass, size of a walnut. On section this looks like an area of hæmorrhagic pneumonia.

Right Lung. Lower lobe collapsed. Pleura covered with lymph, whole of this organ emphysematous, but not to same degree, apparently, as the other. A few large dilatations on inner surface of upper lobe. Pleura over apex and some small fibrous thickenings, very firm, or pigmented bases, & looking not unlike miliary tubercles.

Spleen small & firm, Malpighian bodies are slightly marked.

Kidneys. Hilum unusually deep & irregular. Capsule detaches readily but leaves the surface a little rough. Cortical substance slightly diminished in places, a few cysts throughout organ.

Stomach. Nothing abnormal.

Intestines, not examined.

Uterus not examined.

Brain very full of blood. Future dissect

3/2/78

CCLXXIV Dilatation of Stomach – Round ulcer.

æt.

Body extremely emaciated, no pan. adipose, belly very slightly prominent. Peristalsis over skin of abdomen. Skin rough and harsh, fingers not clubbed. On making preliminary incision and opening abdomen, an enormously dilated stomach is brought to view. It occupies the left hyp. the epigast. Umbil. hypog. and both inguinal regions, leaving only the right hyp. and one, right half, of Umbil. region. It extends to within four cc of pubis. In coming from beneath the ribs it passes vertically as far as umbilicus, and, on left side, is covered by left lobe of liver which is seen immediately to the left of the costal margin. The greater curvature is most prominent extending from left costal border, beneath which it emerges down to the pubis, from which it passes into the right inguinal region, and about two inches above crest of ilium, turns inward towards the naval. Only a small part of the lesser curvature is seen. It is covered by the left lobe of liver and terminates, ~~a little to the~~ about two inches to the right of naval. at this point there appears to be a constriction and there is some white suspicious looking tissue about it. The organ presents a natural grayish color. bands of muscle fibres can be seen, most of them passing transversely, some longitudinally, along the lesser and greater curve. The ~~transverse~~ colon is

wedged between stomach and jutes. and the cæcum between stomach and right ilium. The only other portion of intestine visible, is a part passing off from pyloric end. On opening thorax lungs collapse. Left adherent diaphragm and posteriorly. Right free. Nothing abnormal in pericardium. R. auricle contains a large yellowish clot which is infiltrated with watery serum. R. Ventricle also contains a firm coagulum which extends into pulmonary Artery. L. auricle also contains a firm clot, but not so infiltrated with serum as R. s. Valves normal. Orifices of natural size. Pulmonary and aortic semilunar. Muscular substance, pale beef color. Lungs crepitant throughout, a little edematous posteriorly. L. Lung behind at lower lobe, upper part, of a few grey granulations chiefly pleuræ Spleen - flattened and pushed up against the diaphragm small, but looks healthy.
Kidneys - pale, particularly in the pyramids. Tissue is moist - Bladder empty, normal.
Uterus normal size. Fallopian tube right side has a clear cyst size of a marble just below firm ephemeris. Right ovary contains yellowish remains of corpus Lut. The posterior surface of broad ligament and Fallopian tube are a number of translucent yellowish looking structures ranging in size from a pin head to a pea - pedunculated, they are flattened, superficial, not about 20 to 30 of all sizes on right

and 10-12 on left side. Oesophagus - upper part natural looking, red muscle fibres spread down fully two a four inches from cricoid cart. Lower $\frac{2}{3}$ is dilated. On cutting it open it presents a number of irregular, elongated masses of substance. There is hardly any natural looking membrane as far as the cardiac. The transverse muscular fibres are exposed. - The strands of tissue between the ulcers are fibrous and look cicatricial. Stomach contains 5 pints of a dark grumous fluid similar to that which had been removed with the stomach pump during life. In this are a number of masses of undigested curd - 30 to 40 large plum stones, numerous orange pips - two date stones and a number smaller seeds. The coats of stomach present the following appearances. In cardiac Zone mucous membr. is exceedingly thin. not the $\frac{1}{4}$ mm. in diam. It is pale and cuticular looking. Along lesser curve

232 a.

4/2/78

CCLXXV Enlarged Prostate. Surg. Kidney. - Peri-neph. abscess.

Bates æt. 74. admitted. died Feb 1st.

Body that of an old but well nourished man. Limbs a little stiff, Skin somewhat livid and discoloured in dependent pts. a almost not speck.

In abdomen, blad. extends nearly to navel. & is dark dusky. Posit. of other viscera normal.

Thorax. In thorax a few adh. on right side. ℥iii fl. in pericard. right auricle ℥ii of blood & clot.

Heart of av. size. a good of sub peri fat. weighs 360 grams with aorta. Right vent. - tricuspid orifice large m 5½ inches. Muscle substance pale. Valves normal.

Left ventricle. Walls thick. about 15 m.m. Cavity not enlgd. 7 c.c. in length. papillary muscles fibroid at apices. Post. segment of mit. thick at free edge. Anterior segment little opaque. Small patches of atheroma about the ring. Aorta large 7½ c. in ascending portion. intima healthy in whole extent. Coronary arteries a little thick & atheromatous.

Right v. measures from pulmonary ring to apex 7½ c.c.

233

Left Kidney. Pelvis dilated and contains muco-pus. infund. & calyces also distended. & M.M. dark & congested. On section at one or two spots near calyces the kid. sub. is in state of suppuration & several lines of pus can be seen passing up pyramids to cortex

Lungs. Dark in color. especially behind

Bladder mucous enlarged - of dark colour, particularly about the base & towards the right side & also

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this side is ~~[illegible]~~ natural looking. on the ant surface is a large cyst the size of a small apple. Pelvis not dilated. M.M. of ureter dark. s. also

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CCLXXV

The left K. pelvis is inflamed & suppuration in a few spots about cortex & extending up the pyramids

The Liver. is nut-meg & fatty.

Stomach. a little nodule in wall

332 a.

7/2/28

CCLXXV Enlarged Prostate. Surg. Kidney. - Peri-neph. abscess

Bales æt. 74

Left Kidney Pelvis dilated and contains muco-pus. infund. & calyces also distended. & M. M. dark & congested. On section at one or two spots near calyces the Kid. sub. is in state of suppuration &. several lines of pus can be seen passing up pyramids to cortex

Lungs. Dark in color. especially behind

Bladder muscle enlarged. dark looking particularly about the base & towards the right side as low

in which places they crepitate slightly.

down as the prostate. about 1/2 oz of turbid urine removed. Muc. membrane very dark in color & inflammed

All parts can be dilated. On section a great

No ulcerations except a pea spot on post wall.

deal of dirty turbid fluid bathes the surface & can be squeezed from the Bronchi. Certain parts about the base. the air cells appear filled with grayish looking subst: of slight consistency which can be picked out. In both lungs posteriorly this condition can be seen. The bronchial tubes are filled with the same dirty semi purulent matter.

Muc. Memb. dark red in color. Longit elastic fibres very prominent. Arteries & veins are natural.

Spleen. small wt 120 grams. pulp dark red brown in color.

Kidney. Surrounding the right kidney at lower part & extending around on Psoas muscle is a large abscess. which infiltrates the tissues in this region it extends close to the Inf Cava. & below to the right iliac. The ureter passes behind it & is not involved. beneath the peritoneum of pelvis on same side below base of bladder. tissues are dark & here & there traces of pus. The K on this side is ~~[illegible]~~ natural looking. on the ant surface is a large cyst the size of a small apple. Pelvis not dilated. M. M. of ureter dark. S. alm

4/1/79

CCLXXVI Phthisis

Wm. Mc Gratt æt. 25 adm. Dec 3 died Feb 3rd.

Body that of a small partly developed, much emaciated woman
Red hair &c. Rigor mortis present.

On opening abdomen stom presents very peculiar appearance
It is placed vertically - the lesser curvature passing parallel
to a line drawn through xiphoid cartil about an inch
to the right - Greater curvature lies in close apposition
to the ribs & Costal Cartilages & passes as low as
crest of Ilium 5 inches below Costal border
Here it turns at acute angle is joined by the
duodenum which passes obliquely to the right
lobe of liver where it turns recrossing the pancreas
the appearance it presents is very much like an
ordinary German pipe -

Transverse Colon passes very low - Small intest
are shrivelled & almost entirely contained in pelvis
Omentum over pancreas & duodenum -
Liver projects little below costal border

On Thorax. Rt. lung collapsed & pleura only slightly adherent behind
Lt. lung closely adherent to chest wall, pleura pearly tinted
Pericardium normal. Heart small & pale, lining normal about chambers
which contain partially decolorized clots. Segment of aortic semi-lun. penetrated
Lungs. Right. Sup. lobe emphysematous except along ant border, which is
firm & nodular & on section contains numerous caseous masses, some
softened & disintegrating. Middle & lower lobes present scattered groups of
tubercles, but the greater portion of the lung tissue is normal.
Left lung. Pleura over it much thickened, vas. & pearly tinged lymph being

closely united. The contained membrane is not however very thick. The upper lobe is occupied by a large cavity, the size of a large orange, filled with tenacious mucopus. Anteriorly the remains of pneumonic vessels and bronchi cross the sac, posteriorly they are seen only in the wall, which is here very thin. The cavity extends almost to the margin of the lung, only a small strip remains. A large bronchus opens at the root, no dilatation of the pulmonary vessels. The lower lobe is almost solid, from the close aggregation of tuberculous masses in various degrees of softening, those at the upper part being most advanced. At the anterior part there is still some crepitant lung tissue. Bronchi are congested, not dilated

Pulmonary vessels look normal

Spleen small

Kidneys pale particularly in cortex. capsules adhere easily liver mottled. central veins of lobules full. peripheral parts pale & fatty. Organ not enlarged

Stomach large. & presents the peculiar shape described above. The pyloric ring was at least 2" from the spot. where apparently the duodenum enters the stomach. Mucous ment. at pylorus is mammillated. & rest of organ pale & corrugated. Intestines present several p. m. impregnations, very close & tightness, as much as 7"-8" being impregnated.

Uterus very small. mammary

Ovaries & full size, weight & packed. & contain several old corpora lutea

CCLXXVII Calculus in Bile Duct. Suppur. Gall-bladder.

Inspr. Pope. aet 70..

Body that of an old, slightly emaciated man. Skin sallow; sub-icteroid. On opening abdomen, a mass is seen in the lower epigastric region right side, adherent to under surface of liver and in contact below with colon. duodenum, which extends as far as navel On accidentally touching it it burst. about. 2" below liver border & a large quantity of offensive pus escaped.

In thorax lungs collapse - trivial pleural adhesion behind. Heart sub-pericardial fat abundant. Muscle substance pale soft, & evidently fatty Valves a little thick. one seg of aortic fenestrated. In ant seg of mitral 1-3 ch. tend are not attach to free border but to a little cord like project of lip of valve. Dark clots in aur. in rt vent. a partly decolorized.

Lungs. a little emphysematous at free borders. - otherwise healthy.

Spleen somewhat. enlarged. - pulp of moderate consistence.

Kidneys of full size, capsules slightly adherent; substance of good colour.

. Stomach, liver & duodenum. removed together.

Stomach contains remains of food. M. M. dark grey in colour & thrown into numerous rugae, the tops of which are injected. Pyloric orifice natural. On slitting up Duodenum. an oval projecting swelling is seen beneath the M M just behind the papilla biliaria, the orifice of which is a little larger than natural and on squeezing the ~~mass~~ swelling a little dirty matter oozes from it. Nothing else of note in the duodenum. Rest of intestines removed but not slit up; they appeared healthy.

The large fluctuating swelling proved to be a greatly distended and suppurating gall bladder. It was very closely adherent to the post part of duodenum and to pylorus and also to the tissues of the lig. hepat-duoden. Below it was in contact with the trans colon: anteriorly it projected 3" below liver border. & it was at this point that a rupture took place in removing it. When opened about ½ a pint of pus escaped, slightly mixed with stringy matter but very little bile stained. ~~The~~ with the exception of the ~~anterior~~ ~~lateral wall~~

portion of the bladder which project below the liver border, the walls have almost entirely ~~of the bladder can still be seen, though in the former situation they are somewhat~~ disappeared. ~~thin~~. ~~The wall~~ That part in contact with the right lobe is ulcerated through in the greater part of its extent, a few bridges of tissue remaining; and a similar state exists ~~in~~ towards the hep.-duod. lig, & the duodenum, the tissues in the right border of the former run through necrotic tissue. At the neck of the bladder, the connection of the purulent sac with the liver was very thin and it tore accidentally. The cystic duct opens about the middle of the upper third of the sac as a ragged orifice which admits the tip of the little finger. Two small gall stones, round, found in sac. The Common bile duct is enormously dilated, and full of a dirty bile-stained pus. When slit up from duodenum to finer branches in liver, the following appearances are presented:– Immediately at the orifice is a gall stone, about the size of a marble, round, reddish brown in colour, no facets, rough and granular on surface. It is freely movable in the duct & can be pushed up with ease. Behind it, the duct gradually dilates, measuring 30 mm in circumference, a little above the calculus, 45 mm, at orifice of cystic duct, & 55 m at the hilus. The wall is thick – mucous membrane, not ulcerated, but presents an irregular pitted appearance – perhaps from the dilatation of the mucous glands. Two main branches pass from the ~~hepatic~~ duct to the right & left lobes & divide in secondary branches, all of large size; the index finger can readily be passed into either main division. On following the branches they are found dilated to their finest ramifications, some the size of a crow-quill are seen close to the surface of the organ, & on the under side there are two or three dilatations just beneath the capsule. All contain pus mixed with bile. M. m. not ulcerated; orifices of glands dilated.

Portal vein, – outside liver unaffected. In the main divisions signs of inflammation. Irregular stringy, closely adherent organized bits of fibrin exist along several of the vessels. The orifice of a large branch passing to the back part of rt. lobe is occluded by very dark coloured, firm fibrinous masses. A looser, yellowish brown one plugs the orifice of another branch going towards the rt. border. In several

of the vein little areas are seen on the walls covered with fine interlacing cords of fibrinous matter, quite firm & hard.

<u>Hepatic artery</u>. Of normal size, and does not appear in any way affected

<u>Liver</u> substance. On section the cut orifices of the suppurating gall ducts are seen in each portal canal, & pus oozes from them over the surface. There are not any abscesses, apart from these. The tissue in the neighbourhood is deeply stained of a dark blackish green. In many places the lobules are indistinct, in others they are stained either at periphery or centre

7/2/78.

CCLXXVIII Phthisis

Ad. man,

Average sized man, not much emaciation. R. mort. present.

<u>In</u> <u>Abdomen</u> liver 2" below costal border. Viscera look normal, with exception of one or two small spots on intestines

In thorax, both pleura intimately united - the parietal layer having to be removed in order to get out the lungs.

<u>Heart</u>. Mac. alb. on rt. vent. Rt aur. dilated with ∞ & gelatinous clots. Rt. vent. also full of dark grumous coagula. Lf aur. not so full. Lf vent. small partially decolouring one, adhering to chordae. Rt. vent. is large, length from Pul. ring to apex 10½ cent. Walls mm in thickness. Tricusp orifice dilated, admits the heart cone (6"). Left vent. is hypertroph. Length of chamber 8½ cent. Walls 18 mm in thickness cent. part. Muscle a little pale. Valves normal, aortic a little opaque. Arch of aorta is atheromatous, the intima rough & presents numerous small hard scaly plates. Thoracic & abd. part, not so advanced in disease, only a few elevated opaque white areas. chiefly at post. walls.

Lungs R. heavier and not so crepitant as normal lungs. On section a few caseous masses the size of peanuts at apex, but no sign of softening. Throughout rest of organ many firm hard tubercles chiefly arranged in groups, & surrounded by pigmented tissue. At the base, the surface of section is bathed with serous fluid, the tissue is injected and it is not so crepitant. Left lung. Small caseous knots at apex; remainder of lung presents aggregation of tubercles & isolated granules, dark in colour & very firm. The base is heavy surface a little granular, & bathed with serum, as if a slight pneumonia had set in. Bronchi contain mucus. – Trach. reddened.

Spleen small, & presents nothing special

Kidneys, firm, not enlarged, capsules somewhat adherent. Appearance on section natural. Bladder healthy.

Liver :- of full size. On section, v. centrales ~~vessels~~ of lobules congested – nutmeg organ. Periphery of lobules pale. Lymphatic glands in retro-duodenal reg. enlarged. Bile pass. normal

Stomach does not present any changes.

In upper part of ileum, two small ulcers, size of 5 c. piece. M. m. of ileum injected. Nothing special in large bowel.

Brain vessels at base thin – natural looking. Nothing abnormal on inspection of organ. Cerebro-spinal fluid increased in amount.

9/2/79

CCLXXIX. Perihepatitis. Cirrhosis.

Body that of an average sized, somewhat emaciated man. Abdomen slightly distended. No oedema of feet. Sup. veins not enlarged. Face & skin blanched. On opening abdomen a large quantity of fluid escaped: slightly turbid and containing flakes of lymph. - about 1/2 a common pail-ful was collected. Intest. peritoneum is opaque & thickened more particularly at upper part of abd cavity, where the omentum lies much indurated & adherent to colon & ant wall completely shutting off the right hypoch. region. The right lobe of the liver projects a little below the costal border & is of an opaque milky white appearance, & the edge rounded. No adhesion between coils of small intestines, they are heavy & sodden, not injected The post. layer of peritm is also thickened, & it binds down the caecum & sigmoid flexure. The bladder is placed very high. Almost whole of supra-pubic & was cut through in the preliminary incision. The pelvic cavity was small; membrane very opaque & flakes of lymph cover it.

In thorax, left lung a little adherent, right free. <u>Heart</u> of average size very little blood in the cavities. Muscle substance pale. Orifices normal Aortic semilun. opaque, thick & calcareous at base. On free surfaces of rt. aur. thick firm plaques, rounded projections

CCLXXX Phthisis, pt. 21/2/78.

Lizzie Barber Age 20.

<u>Body</u> That of a small moderately emaciated woman. Immed. to Rt of Sternum is an elevated ridge caused by projection of costal Cartilages close to sternum. Most marked opp. 3. 4. & 5th Cartil.

from the inside
Sternum deviates a ~~little~~ to Rt, most marked

<u>Abdom.</u>

Liver. is low – position of other viscera normal

Thorax Rt Pleura adherent throughout. Lung
firmly adherent all along the mediastinum.
Left " posteriorly and at apex.

covering over Rt ½ pericardium is a condensed portion of lung tissue which is firmly adherent beneath the sternum & costal Cartilages.

In the pericardium several tol. firm adhesions over left vent. & about root of aorta. – they are easily torn through. Do not look fresh, but are prob. results of a peric. of
not very distant date –

<u>Heart</u>

Is large Rt chamber very full of blood mostly fld. c a few gelatinous looking clots
Rt Aur. is large trabecula distinct
Rt Vent also large Tricuspid Orifice 5·¼ in
valves norm. – those on left side also norm.
Muscle cut is pale & looks fatty.

<u>Lungs</u>. Left. At apex a group of small irreg cavities filled c dirt pus. Ant border of upper lobe
These patches vary much in colour; some on cut present a dry, whitish cheesy surface, others
caseous & in parts softening. Throughout rest
a uniform greyish translucent surface with small opaque spots through it
of lobe are numerous small nodular

bodies. Some isolated, others in groupes

Lower lobe. ~~Upon~~ upper, post. behind 1 or 2 small cavities filled c cheesy matter. lower portion of lobe heavy, slightly crepitant. dark in color. on section a large amount of serous fld bathes the surface. More Anteriorly this edema is very marked lungs here not being so congested. It is irregularly distributed causing a very mottled appear. to surface. Some spots are almost white & others bright red. Throughout these edematous areas are small spots of caseous degen.

Rt Lung.

Pleura, universally thickened - partic. on diaph. surface where it measures from 1/4 & 1/2 an inch. Upper lobe is converted into a large irregular cavity traversed by numerous trabeculæ. It extends into the middle lobe & also posteriorly into lower lobe to a point 2 1/2 in from the lower border.

Middle lobe also contains small cavities & numerous nodular masses.

Lower lobe. is occupied by numerous dilated bronchii which here and there effused into saccular dilatations.

Spleen. Norm size - looks healthy.
Kidneys. Mottled - cortices pale but c̄ some vessels very full. one tiny nodule noticed
Stomach full. Mucous membr as dependant parts thin & soft. Nothing very special in
Intestines, some of the Peyers patches are distinct & the individual glands distinct
Uterus normal - small - virgin. Ovaries cov. with cicatrices

CCLXXXI Cancer of Stomach 22/2/78 9 hrs p.m.

Mrs. H. — w—d. æt 43. Ill 5-6 months with well marked symptoms of C. vent.
Moderate emaciation. General œdema - ~~not~~ much in trunk
In abdomen ~~Visceral~~ Parietal peritoneum in epigastric region adherent to omentum and deeper structures. About ten quarts of turbid fluid, with lymph-flakes, removed. Parts about margin of left lobe of liver & stomach matted together & the omentum is retracted and puckered.

In thorax, lungs retract, no adhesions except at apices.
Heart. of average size, pale.; right chambers full of dark coffee coloured clots. Valves & orifices normal. Left V. not contained a small clot, muscle substance pale. Valves normal. Aorta healthy. Lungs pale, dark coloured at bases from filling of blood vessels. At left apex a slight puckering & within this a small cavity, size of marble, with well defined walls & fluid-pus-contents. Rest of organ crepitant. At right apex, puckered spot, but no cavity.
Spleen small. capsule shrivelled. pulp firm.
Kidneys. normal size, capsules detach readily, organs pale. both fatty

Med. rays. very pale, vessels between full.
Liver. Stomach and duodenum removed together

CCLXXXII Pachymeningitis?

Brain – nothing particular noted in soft parts in its removal – calv – of moderate thickness No Sign of old fracture. no exostoses.
A considerable amt of blood escaped from the incisions into it in the occipital regions Dura mater is adherent – particularly the right Centr – portion of the frontal lobe at which point it is closely adherent & appears a little thickened.
On removal of dura mater surface of Brain looks congested from the filling of the small vs. & vs the convolutions the larger veins in the Sulci are moderately full.
The frontal convols on the right side the small vs. are not so full as those of the left.
At the base right Vertebl artery much larger than the left. Nothing special about the vs of the circle of Willis. no exudate or meningeal disturbances. Near the 1st & 2nd right frontal convols immediately at the Centr. Orders of the frontal lobe is an area 45 m m in width by 35 m m in length the dura mater is closely adherent to the membranes beneath

* In abdomen position of the viscera natural
In thorax no adhesions on left side universal
on the right. Pericardial fat moderate
Right auricle flaccid contains about ℥i fluid blood
and one small clot. The chamber is large. Immediately at
the poster. border of the fossa ovalis is a small projecting nodule
whitish in color loosely surrounded by a capsule
wh. encloses with it 2 cm reddish brown fluid
Tricuspid orifice admits measures 5¼" in circumference
chamber measures along anter. wall 20 MM -
It contains also dark fluid blood.
Left auricle measures 4¾" in circum. chamber
looks of normal size walls measure fr. 11-15 mm
muscle sub. good color. Pul. semi lu. valves very
cribriform   Heart - 283 grams
Lungs. Left: crepitant but heavy & contained much blo

and same in all parts. Small puckering at the apex. In post part of lower lobe there is a large opacity on the visceral pleura smooth not adherent to the parietal pleura extends for about 80 m.m. in length on section the pleura is thickened about 2 m.m. and the tissue beneath it is firm indurated & pigmented in an area corresponding to the opacity - on the pleural extending into the substance for 40 or 50 m.m. The tissue is firm almost airless & is traversed by vessels and bronchi. The right lung also capitant much engorged. & on section & quantities of a bloody serum both the surfaces - In the lower lobes are triangular areas cicatricial like puckering the surface but the pleura over them not much thickened they are not so extensive as the one in the other lung. measuring each about 30 m.m in diam. Spleen - average size contains much blood. & small supernumerary spleen

Kidneys normal capiers of some of the pyramids very white obliterating of the outlines & sacks

Stomach contains a small amt of yellowish fluid

Intestines injected in spots. nothing else of special note

Liver normal size on section very natural looking

Veins of the testicles appear dilated

Structures in the hepato-duodenal ligament normal.
Arteries of the body natural looking
no scars about penis. Inguinal glands
scarcely to be felt.

CCLXXXIII Cirrhosis of Kidney.

General appearance. body of an average sized, moderately well nourished woman. Œdema of legs slight puffiness of face. body itself not dropsical some small tubercle of molluscal over the face & anterior part of thorax

In Abdomen position of viscera normal, ascending colon greatly distended and on its outer side are one or two old peritoneal adhesions. A good deal of serosity in cavity of peritoneum, All the tissues exceedingly moist

In Thorax 40 ℥ of clear serum, in Rgt pleura. ℥ XVI in left.
A few adhesions at right apex.
~~In~~ sac of pericardium large. Normal amount of fluid in sac. Visceral layer patch of attrition on rgt ventricle 18 ℥ of blood with clots escape from the right chambers of heart. Rgt auricle is large. Endocardium a little opaque

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Tricuspid orifice measures 5 1/4 inches in circumference valves a little thickened Length of Rgt ventricle along outer wall 4 1/2 inches, Left ventricle looks of normal size. Endocardium opaque mitral orifice measures 4 1/2 inches

Kay.

Pernicious anaemia

Wm Hudson	65	male	Death autopsy 1884
M. Dickson	32	male	Death autopsy June 1883.
Mary Lavely	60	Female	Death autopsy 1883
Alice Reinhardt	30	Female	Death case living

whole lung is very oedematous particularly at the posterior parts. The right lung is more crepitant only collapsed at the extreme base. It is also sodden much fluid oozing on section. Bronchi contain a quantity of frothy serum. Mucous memb. dark red in color. Spleen is of normal size capsule presents a number of small fibroid thickenings

Structure in the hepato-duodenal ligament normal.
Arteries of the usual natural looking
no scars about bowels lymph glands
scarcely to be felt.

In Thorax 40 ℥ of clear serum,
In Rt pleura. 3 XVI in Left.
A few adhesions at right apex.
Sac of pericardium Large. Normal
amount of fluid in sac. Visceral
layer Patch of Attrition on. rt ventricle
& ℥ 3 of blood with clots escape from the
right Chambers of heart. Rt Auricle
is Large. End ocardium a little Opaque

Tricuspid orifice measures 5 1/4 inches in circumference valves a little thickened
Length of Rt Ventricle along outer wall
4 1/2 inches, Left cavity looks of
normal size. Endocardium of Rt
ventricle orifice measures 4 1/2 inches
Left ventricle cavity measures 4 inches
from auriculo ventricular to apex, Circumference
5 7/4 inches. Anterior wall Middle
portion 3/4 in thickness Mitral valves
healthy, Aortic Semilunar healthy
Flakes of atheroma up the Aorta
very numerous and calcareous about
the orifice of the vessels. Weight of
heart
Lungs. left crepitant only at the apex
and the anterior border of upper lobe
In rest of this & lent heavy airless,
Lower lobe very dark in color
Whole lung is very adematous particularly
at the posterior parts. The right lung
is more crepitant only collapsed at the
extreme base. It is also oedematous much fluid
oozing on section Bronchi contains a
quantity of frothy serum. Mucous membrane dark
red in color. Spleen is of normal size
capsule present a number of small
fibroid thickenings

on section substance looks normal
one or two small clear cysts are met with
through the substance and there are
several dark areas about the size
of peas which appear to be made up
chiefly of dilated vessels.
Kidneys. Right. misshapen consisting
of a large natural looking upper segment
and a diminutive lower portion which
appears greatly shrunken, On Section
Capsule peels off with slight resistance
It presents several small ecchymoses
The surface of the upper section of the
organ is smooth & natural looking. that
of the Lower atrophied pt is darker in
color very finely granular and presents
also some coarse puckerings, Lumet
believes this lower portion is very
well defined, extending farther up on
the anterior than on the posterior
surface, In the upper comparatively
healthy pt. are well marked traces
of the pyramidal tubules the Corpus
corresponding to the contracted region
is considerably thickened
Pons cuts firmly, at upper part
tissue is pale, vasa rectae alone
fill substance at cortex slightly

diminished In Lower part of a narrow
limit of cortex exceedingly granular
and between it and the almost
indistinguishable pyramids a well
marked Line of vessels. The pyramids
are exceedingly small flattened
in places scarcely distinguishable
weight. 75 grammes Renal artery very firm
walls thickened vein conduct natural
looking
Left Kidney weight 80 grammes, not
larger than a testicle. Is composed
almost Entirely of an exceedingly
thin Cortical mass from 2-4 lines thick
and hardly distinguishable as Kidney
substance, Capsule very thick does
peels off readily leaving an
exceedingly granular Surface
Stomach, empty, membrane covered
with mucus — Intestines. Contain
a quantity of dark tarry looking material
mixed with mucus, nothing special otherwise
about

11/3/79.

CCLXXXIN Fibroid Phthisis

General appearance.

Body of average size moderately well nourished man very little pan. ad. Dark brown scars & pigmented skin on right ankle. Fingers not clubbed. Position of abdominal viscera normal Transverse colon much distended. Sigmoid flexure very long & has wide mesentery. Small intestines pale & inflated with gas. On opening thorax right lung very full in volume extends for an inch & a half beyond left of median line. No adhesions of pleura on this side, Left side lung is adherent. Pleural sac obliterated.

Pericardium normal. In Heart chambers flabby. Right auricle contains very little blood. In Right ventricle tricuspid & pulmonary semilunar valves normal. Tricuspid orifice measures over 6 inches in circumference the heart-core slipping through easily. Length of right ventricle 10 Cent. metres. Thickness of ant. wall 6 millimetres. Muscle substance pale. Left ventricle not dilated measures 7 cent. metres in length. Heart substance immediately beneath pericardium mottled from patches of injection. Mitral orifice 6 inches in circumference Valves normal. Thickness of wall 13 millimetres Left auricle. endocardium ~~Left~~ opaque.

Windpipe & lungs. In skilly up larynx & windpipe small amt. of frothy blood in latter quantity increases towards bronchi, larynx normal. Left bronchi of second degree filled with clots. Right lung large & emphysematous. On posterior part - the tissues contain much serum & blood. Left lung

pleura much thickened upper ½ anterior half of upper lobe. At the base is over ½ inch in thickness somewhat infiltrated with serum. To the touch it is firm only slightly crepitant. On section from apex to base no cavity to be seen but the tissue is mapped out into irregular areas by fibrous tissue

Spleen a little enlarged, rather soft

Kidneys Normal size a little pale otherwise natural looking.

Liver Natural looking. Contains more blood than other organs Stomach contains about a pint of semi-coagulated blood mixed with remains of food & with mucus

CCLXXXIV Pneumonia – Morphia poisoning (?) 11/3/79
24 hrs PM.

Gillespie æt 21 see slips of ~~[illegible]~~ of 11.12. attached.

Body that of a well built young man of moderate musculature. Skin of dependent parts livid. face pale. – Rigor mortis present. Pupil of moderate size. In abdomen. – colon distended with gas. In thorax, left pleura free. right united behind & to diaphragm by old bands. and the lower part of upper lobe at ant. part, united by recent adhesions to the pericardium. No fluid in either sac.

Pericardium. a few ecchymoses on visceral leaf, along the course of coronary vessels. Right auricle greatly distended – on sect. following the rt. vent, which also appeared full, about 8 – 9 ozs of clot & fluid blood escaped, the upper pt of clots gelatinous. Left auricle. not nearly so distended, contains about 1/2 oz of blood. Left vent. moderately contracted & contains a decolourized clot. not very closely adherent to chordae. Rt. vent. appears large. Tricuspid valves healthy orifice. large. 5 1/2" in circumference. Pul. semilun. normal. Mit. valv & aort. semilun also normal. Mit orif. 4 1/4". Muscle sub. normal. aorta healthy

Rt. lung. heavy. & only slightly crepitant at post. part, where it is dark coloured. Two regions are not at all crepitant but firm & solid to the touch. viz an area extending along the lower margin of upper lobe from root to ant. border & thro whole thickness. It is firm & solid

and in section presents a finely granular surface, moderately dry. reddish brown in colour, toward the margin a little greyish – The tissue in neighbourhood. congested & edematous, The other pneum. spot. was in the lower lobe post. part. – an area the size of a small apple. ~~from~~ airless not so distinctly granular, & in section more serum bathes the surface. The entire apex was in condition of intense edema – quantities of a frothy fluid flowing from the cut surface. The lower lobe. post. surf. in same state, but not so infiltrated with serum.

Left lung. crepitant through, but heavy & sodden. posteriorly, in wh. situation the natural crackling not so evident. On section much blood & serum oozes from surface. Not nearly so much in upper lobe as on opposite side.

Windpipe & bronchial tubes filled with frothy mucus. & the bronchial walls injected.

Spleen. mod. size. Kidneys, congested. about bases of pyramids. Ureters. normal. Liver. natural looking, but very full of blood. Pancreas; the interlobular tissue deeply congested, in places looks ecchymosed.. Stomach contains about 2 pts of fluid. – not opened, but kept for coroner. – Intestines appear. normal. Bladder mod. full of urine. clear. – removed for coroner.

Brain. (Opened first.) Tissues of scalp. not very congested. Dura mater. adherent to skull. – Long sinus. & others. not over distended. – no deposit in fossæ. only little was found. but. as D. M. was removed with calvar. it may have escaped. Veins of Pia mod. full. Nothing abnormal at base. On careful sect. of entire organ. nothing abnormal found. Vessels. not over full. – No excess of fluid in vent. No softening.

13/3/79

CCLXXXVI Cirrhosis 22h 40m

Bypm.

Body that of average size moderately nourished man. abdomen distended. Chest & hose present a number of dilated vessels. about root of neck on left side on wrists & Extensor surfaces of arms & about knee caps are numerous Extravasations of blood. Some small & petichial others large. Legs slightly Oedema. On left leg a large ulcerated surface & pt of Tibia exposed. another ulcer a little below. Rock left Femur. Two or three ulcerated spots connect with dead bone at back pt left Humerus & Scapula.

A small sinus connected with dead bone at left centre of Rt clavicle

On opening abdomen 17.0 clear serum removed. Diaphragm corresponds 8th rib on Rt side. Small intestines heavy & corded, walls thick. Peritoneum a little opaique. A strong peritoneal band unites left lobe of Liver & Diaphragm otherwise no. Peritoneal adhesions

On thorax pleura adherent all round universally on left side & Rt side chiefly at post part. Nothing abnormal in pericardium. about 8.3 of Blood escaped on removal of heart. Rt auricle presents

nothing unusual. Rt Ventricle natural looking. Tricuspid Valves normal. orifice large. admitting Least case easily. Length of Right - 5" inches. Left - Ventricle muscle healthy. Aortic Semi Valves normal. Muscle substance pale & places fatty looking

Lungs

Pleura over a little fibroid at apices Rt. Rt base collapse, Rt - extreme lower border firm dark Solid portion of lung looking like a wedge of apoplexy. And about the pleura numerous Ecchymosis. Both lungs engorged & Oedematous post.

Spleen 430 grms. Capsule opaque & Latter thickened. on section Substance moderately soft - & regularly mottled.

Kidneys Left

on section 2 large cysts one at upper & post part. The other anterior region lower Hylus size small egg.

Right kidney contains large cyst pelvis pelvis & ureter dilated nothing special note about substance

Mesentary At its lower part presents 4 + 5 firm hard calcarious nodules consisting of a dense fine Calcareous Capsule & caseous retention

Stomach — contain 4 3 of Contents
Mucus-mem, smooth, not mamm.
tears readily, looks remarkably natural,
Duodenum — bile flows on pressing common
duct,
In Hepatic-Duodenal ligament ~~and~~
Lymphatic Glands ~~a~~ large,
the tissue are adhesions. Portal vein
admits the little finger, only the left is its
main bifurcation, Hepatic Artery normal size,
ducts natural, 1/2 3 of bile in Gall bladder.
Pancreas exceedingly firm, dense, cuts
with resistence its fibroid tissue greatly
increased,
Liver — weighs 1260 grammes, Left lobe
Diaphragm when it is attached to post. Bord.
of Liver presents a dense net-work of Veins
Section of Liver — Lobules are distinct, brownish
yellow in Color, & surrounded with zones of
fibrous tissue, it involves chiefly individual
lobules or ~~in~~ groups of two or three,
only in one spot corresponding to ~~the~~ a
puckered region in the longitudinal fissure
there is an area occupied entirely by
fibrous tissue.

15/3/78 246

=1879
(superseding)

CCLXXXVII . Apoplexy. Morb. Brightii. Hyp. Card.

Inten (female) æt. 40. in

Body that of a well nourished woman. No dropsy. [illegible] hard.

In abdomen. liver extends a handbreadth below costal border. Other viscera natural in position and appearance.

In thorax lungs full in volume – & purple. – No adhesions. Pericardium a little rough – old – on rt. auricle. Heart greatly enlarged. a considerable quantity of blood ~~escaped~~ from pulm. arts & rt right chambers. One or two clear; gelatinous-looking clots. Rt. auricle large, walls thick owing to increased size of col. pectinati. Rt. vent also large. Col. carneæ. much developed, causing a considerable increase in the thickness of the walls (7–8 m. thro trabeculæ). From pul. ring to apex along ant. wall measures. 10 ctm. Circumf. about. 16 ctm. Pul semilunar valves. normal; one segment. cribriform. Tricuspid valves healthy. 6" heart cone passes through orifice. Vent wall forms ~~the section~~ part of a semicircle from the rt projection of the septum. Left auricle presents nothing unusual. appears a little large. appendix not increased in size. mus pect. ~~rete~~ formed at it Endocard. opaque.

Left. vent greatly enlarged. measures from aortic ring to apex 9½ ctm. circumfe 16 ctm. When opened contained only a small decol. clot adherent to chordæ. Chamber appears somewhat rounded, a well marked concavity projected toward the right ventricle. Col. carneæ. strongly developed. Mus. papill, especially ant. very large. Walls very thick. ant. close to septum, at middle 30 m. post. wall 23 m. near the apex: 18 m. septum 26 m. Muscle subs. good colour, of coarse beefy appearance. Endocardium clear, one or two opacities near aortic ring.

Mitral orifice 4½" (11.5 ctms) in circumference. Valves a little gelatinous at edges. Otherwise normal. Aortic semilunar. competent. All segm. much fenestrated fenestræ occupy entire lunulæ. Ring measures 7.5 ctm in circumference. Weight of heart .   Aorta. arch. healthy looking. only a little opacity near orifice of vessels. Coronaries a little stiff. but. not marked ... not. much. altd in calibre.

At a little beyond the left subclav. there is a circular button-like mass, of a reddish translucent appearance, a little larger than a sixpenny bit and projecting .2-3 m. Four or five other similar spots exist in the thoracic portion chiefly in the neighbourhood of the intercostal openings, and there is another above the left int. iliac. The intima between these spots is for the most part of an opaque white colour - fatty - the anterior portion alone presents a normal aspect. There is no calcareous change. ~~nor~~ Neither is the vessel at all dilated nor stiff. The atheroma is tolerably recent.

Spleen slightly enlarged weight.   . Moderately firm. On section presents nothing of special moment.

Kidneys - left. Capsule detaches without much difficulty, leaving an irregular coarsely-nodular surface of a uniform deep red colour. Organ not at all diminished in size, perhaps long in proportion to its width. On close inspection some small white areas are seen on the projecting portions of the surface. On section the entire substance is deeply congested - the pyramids somewhat darker than the cortical part, which in places is thin, but over most of the pyramids looks of normal thickness. To the touch the organ is firm but not excessively so. At the bases of the pyramids there are numerous prominent arteries, small and large. The tissue of the cortex is coarse, and on close inspection the med. rays can be faintly seen as opaque lines running up from the cones. Malp. bodies not visible. In pyramids. vasa recta very full, tubules between them not very distinct. Calyces & infundibula large. Renal artery very stiff. (10 x 7 m). Right kidney.   smaller. presents exactly the same appearance. No cysts in either. Bladder healthy. Lungs full in volume, do not collapse & do not crepitate naturally. Posteriorly contain much blood and serum. No adhesions. At apices & in front appear large & distended, yet do not crackle. nor is there much blood or serum. but tissue rather dry. Nothing of special note in stomach or intestines. Liver is misshapen. Lt. lobe very long & thin & in rt. border presents a broad groove. Weighs   . Fibroid tissue slightly increased especially at ant. part. Otherwise organ looks natural. Bile vessels & Port. vein normal.

Brain Convolutions of left Hemisphere paler than those of right particularly in the neighbourhood of the fissure of Rolando. On slicing the Hemisphere - nothing of special note is met with until the ventricles are reached - The left contains a small quantity of bloody serum and projecting through the surface of the corpus striatum ~~is~~ a large clot ~~could~~ can be seen. -

I A section passing immediately through the sup. surf. of Corp. Striatum shews a clot 26 mm in length, 17 in width - lying immediately external to the caudate nucleus in out & back. 15 m.m is an extravasation 15 x 10 m.m. II Section 1/4 in below shews much more extensive extravasation - occupying a position between the ant. limb of int capsule and the convolutions of Isl. of Reil 40 x 20 -
This does not involve the Thalamus opticus. & only ½ of the ant limb of Ant limb of internal Capsule is Haemorrhagic. - The lenticular nuc. is involved in the haemorrhage. - III Section 1/4 in lower shews the extravasation occupying the entire district between the Isl. of Reil and the lateral vent. Here it involves both limbs of the int. Capsule and has broken Post part of lenticular nucleus & is in contact with the Ant Part of Thal Opticus - On this section the blood seems to have passed through the foramen of Monro and a bloody serum fills the Ant cornua - on the level of the great inequality of the two sides is best marked - from the median line to the outer surface of left side is 80 m.m. - on right side 60 m.m.

Section IV 1/4 in below - Clot smaller - situated more posteriorly and involves the post. part of lenticular nucleus - the ant & ext part of the Thalamus opticus. ~~and~~ extends as a narrow process towards the Island of Reil. -
Section V. Shews only a small clot 15 x 10.

Posteriorly many subpleural Ecchymoses. and left Lung - lower lobe behind - a large opacity on pleura

at a little beyond the left subclav. there is a circular button-like mass, of a reddish translucent appearance, a little larger than a sixpenny bit and projecting .2-3 m. Four or five other similar spots exist in the thoracic portion chiefly in the neighbourhood of the intercostal openings, and there is another above the left int. iliac. The intima between these spots is for the most part of an opaque white colour-fatty - the anterior portion alone presents a normal aspect. There is no calcareous change. Neither ~~nor~~ is the vessel at all dilated nor stiff. The atheroma is tolerably recent.

<u>Spleen</u> slightly enlarged weight . Moderately firm. On section presents nothing of special moment.

<u>Kidneys</u> - left. Capsule detaches without much difficulty, leaving

[illegible] dry. Nothing of special [illegible]

Rt. lobe reg. long & thin & its left border presents a broad groove. Weighs . Fibroid tissue slightly increased especially at ant part. otherwise organ looks natural. Bile vessels & Port vein normal.

Brain. Convolutions of left Hemisphere paler than those of right particularly in the thigh bone of the fissure of Rolando. On slicing the Hemisphere - nothing of special note is met with until the ventricles are reached - The left contains a small quantity of bloody serum and projecting through the surface of the corpus striatum is an ill defined clot. The section passing immediately through the Stop. Syst. & Corp. Striata shows a clot 26 m.m. in length by 17 in breadth - lying immediately external to the caudate nucleus - but not touching it. 15 m.m. is the extravasation 15 x 10 m.m. - II Section 1/4 in below shows much the same condition - Pressure a portion through the ant. limb of int capsule and the convolutions of Isl. & Tub. 40 x 20 - This does not involve the pedunculi cerebri. Only the ant. limb of int capsule is haemorrhagic. - The lenticular nucleus is involved in the haemorrhage. - III Section 1/4 in lower shows the extravasation occupying the entire distance between the Isl. of Reil and the lateral ventricle. it involves both limbs of the int. Capsule and has broken Post part of lenticular nucleus. In the int. Capsule and has broken Post part of lenticular nucleus. In this section is in contact with the ant part of Thal. Opticus - In this section the blood seems to have passed through the foramen of Monro and a bloody serum fills the ant. horn. is on the left the great extravasation of the two sides is best marked - from the median line to the outer surface of left side is 80 m.m. - on right side 60 m.m.

Card. C C L XXXVIII. Typhoid Fever.

Ellen Carroll 24. died March 15th 11 P.M.

P.M. 12 hours after death. Body that of a small sized well nourished woman. Rigor mortis present. Slight P.M. lividity in dependent parts - In Abdomen viscera look natural - Uterus placed obliquely & fundus to the Left lying in contact & Ovary of that side. - In Thorax no adhesions on either side - Peric. a large attrition patch over Rt side - In Rt auricle fluid & altogether in the removal of the Heart 10 oz. & escaped. Heart natural. nothing special in Rt auricle - In R.V. valves Tric. valves normal - Auricles 5 1/2' in Circumference Pulm. Semilunar 1 - two segments Cribriform In Left V. nothing special note - Mitral orifice 4 1/2' in circumference - One segment of aortic Semilunar Cribriform -

Aorta Healthy - Lungs - Crepitant throughout Posteriorly many ecchymoses and Pleural Ecchymoses and Left Lung - Lower lobe behind - a large opacity on Pleura

A good deal of oed in dependent parts of Lung -

Spleen 185 grammes - Slightly enlarged - Soft - Pulp dark purplish red. Supernumerary spleen present

Kidneys - Left 105 grammes - Normal size - Capsule detaches readily Surface pale & a few stellate veins. On section on resection of Pyramids moderately full. Very little oed in Cortex - the part immediately surrounding Pyramids of a slightly yellow tinge. Substance of cortex pale. Corticomedullary border

Right 110 grammes - a little large - Contains somewhat more oed & presents much same appearance on section.

Liver - Surface - a little mottled - Organ has a good deal of oed. Consistence good, dark lines - clear. Organ pressed upon. Vessels and ducts natural

Uterus. Length 7. Circ. of canal 4.75"; of natural appearance. Sloughs not detached no evident hyperaemia about the part: a bloody mucus oozes from the os. & some of the same material is in the vagina. On section along post. wall. musculature not increased in thickness The mucous M. M. to within ½" of the os. int. is represented by an irregular haemorrhagic stratum, looking like swollen & infiltrated mucosa. Not thickened and ragged on surface the fundus and angles. Here it can be readily picked up with forceps in form of shreds. Towards the os. int. M. M. more distinct and dilated vessels seen in it. A blood-stained mucus issues from os. externum.

Brain - Not much oed in Scalp. In Long. Sinus fluid oed - No clots. A good deal of oed escapes from Sinus on removing Organ - At the base, Arachnoid a little turbid. Arteries of Circle of Willis contain dark oed No Exudation - no matting in Sylvian Fissures On surface of Brain veins moderately distended On section Puncta vasculosa very distinct

Gray Substance natural looking - In Left Lateral Ventricles no excess of fluid. Velum Interpositum contains large veins - Fourth Vent. nothing abnormal - On section of Ganglia white & gray substance looks natural - not over vascular

Nothing in Medulla Oblongata or in Pons. On careful Sections of entire organ no localized spot of Disease.

(Down course of Aorta several Ecchymoses - Aorta contains fluid do - Nothing unusual in Bladder)

Stomach - A few Ecchymoses about Oesophagus

In Stomach 6 or 8 oz of a greenish yellow fluid

M.M. pale - Covered c̄ mucus - In Pyloric Region a few small submucous - In Duodenum 1st part Brunner's Glds very distinct. ~~Noth~~

Small Intestines - Nothing of special note in Duodenum & Jejunum, both contain a yellow-coloured semi-fluid substance. The lower half of the ileum presents the following appearance. The gut is not very vascular, the submucous vessels are moderately full; capill of mucosa not injected - no apparent swelling. The solitary glands are enlarged and prominent, ranging in size from a pin's head to a split pea; have opaque white colour. Peyers patches enlarged and swollen. - 4 or five upper ones from 3 - 5 ctm in length, are of a greyish white colour, surface unbroken or only pitted in one or two spots. Five patches within a foot of the valve are in a more advanced state, the largest 6 ctm in length 2 cm in breadth has an irregular pitted or cribriform surface, the pits reddish & the margins & intervening follicles whitish. The others are not so open. Very little, if any swelling about the Nothing special in large bowel. Mesenteric glands scarcely enlarged.

Ovaries - are large. left measures 5.25 by along attached border right 4 by
Left. contains numerous follicles some of which are very superficially placed
On the parietal surface 1/2" from attachment of leg of ovary there is an irregular
dark pinnmance of a mottled dark colour. On section of this a haemorrhagic
fluid escaped, and on further dissection a coloured clot, the size of a cherry
was found occupying the centre. The follicle is of a rounded form, superficially
placed, 18 m.m across, & rather less in depth. Thinny wall. Int. surface rose coloured
in part. and upper surface yellowish & evidently fatty. Towards part. surface it
is very thin - in one spot not more than 1/2 m.m but no definite rupture could be
seen. Central clot is firm reddish, unattached to the walls & the fluid which
escaped was evidently the bloody serum squeezed from it
Right. is smaller and contains many Graafian follicles. & one or two small
corpora lutea.

(See the page above = 1879
14.3.98.

CCLXXXVIII. General Peritonitis. Ruptured follicle in Rt. Ovary.
L.L. at 28. admitted March 11th.

Body thin - of a well nourished healthy looking woman. Abd. greatly distended
with gas: Features & pelt eyes pale mouth and nostrils. Post-mortem
lividity in dependent parts. On abdomen, intestines distended, &
matted together with fibrinous exudation, which extend over the
liver & under surface of diaphragm. Over a pint of sero-purulent fluid
was removed. In the pelvis the

In thorax. Lungs crepitant throughout - heavy & full of blood in dependent parts. Heart of full size. Rt side moderately full of blood. - partially decolorized clot adhering to trabeculæ & chordæ. Valves & orifices normal. Careful inspection of stomach & intestines failed to detect any perforation or source of inflammation. No inflammation or laceration of any of the solid organs which appeared healthy - thorax contained blood clotted. No obstruction or hernia.

Uterus & Ovaries.

Uterus length 6.5 cm, breadth at fundus 5 cm. Length of cavity 3 cm. Outer peritoneal surface of a dirty grayish color and covered with flakes of yellowish green lymph. Organ is soft, cuts easily. Muscular walls of normal thickness. 12-15 mm. On opening cavity. Mucous membrane of upper 3/4 ~~of~~ uniformly ~~granular~~ & bloody stained easily separated layer. On careful scraping, this can be removed, leaving thick M.m. beneath, of a deep reddish color and of about normal thickness. On examination thin hemorrhagic exudation is found to be made up of (1) numerous cylindrical epithelial cells (- color all destroyed) - and leucocytes, - the former predominating. They are red or crimson, but often the groups of cells have a diffused reddish hue. (2) flakes of fibrine (stroma) - evident to naked eye as thin films on the glass - they are composed of fine fibrin fibrils closely set together & among them a few of the membrane. an occasional cylin. cell. Many fine fat globules are seen between the masses. No trace of uterine glands. There are shreds of fibrine composed of elongated cells which look like the "septa fibrosa" between glands but the intervening cells have not a glandular arrangement. Mucous cervix. Its M. is more natural looking & not so covered with bloody exudation.

Ovaries Rt 4.5 cm long. Its greatest part of extent covered with a layer of greenish lymph, which can be peeled off as a continuous membrane leaving a decolorized, inflamed looking surface. Near the outer end, on the external surface there is a inflamed follicle with a dark clot hanging from it

The orifice is round, 2 mm across with thin edges, dark coloured. The follicle is the size of a large marrow-fat pea, with distinct lining membrane somewhat dark coloured, but in one spot of a decided yellowish tinge. A reddish black clot, 7 mm × 5 ~~projects~~ projects from it, being attached to the upper edge of the margin of the orifice. The surface of the ovary immediately surrounding the orifice is dark coloured, and a little roughened. The layer of lymph appeared to pass over this part. At the convex border of ovary the tissue is of a dark reddish hue and there are several prominent follicles in this region. The broad ligament & cor. of fall. tube on this side are covered with greenish, patchy lymph. Left ovary is smaller, scarcely 4 ctm long, surface discoloured, not smooth & is not covered with lymph nor is the inflammation on the broad lig. of this side so marked. On section of this ovary, the remains of two corp. lutea are seen both very much pigmented & yellow, the largest 5 × 7 mm, with a slightly convol. pigmented wall & a clear fibroid centre. On section of the ovaries stroma appears natural, though it is a little stained. Fallopian tubes - Mucus increased, not altered

stained

XC

CCL~~XXXIX~~ Syringomyelia - ataxia.

J. B. Hupé aged 58.

Body of an old looking, fairly well nourished man
rigor mortis present slight degree, In abdomen
position of viscera normal, In thorax right lung extensively
adherent, Left lung free, pericardium - ~~from~~ old
adhesions about aorta, from Right Chambers of
Heart 10 oz of Blood escaped upon removal,
nothing special in R. A. Considerable amt. of
Fat over 1/2 inch in thickness upon R.V.
& infiltrate the fibres to some extent,
Valves normal, Tricuspid orifice 5 inches Circumfer

Pulmonary S. Lunar Valves normal, L. Ventricle chamber of normal size. Mitral valves, little thickened at edges, aortic semilunar opaque and thickened at attached border, & below corpora arantii, one segment presents a sm. fenestra. First portion of aorta rough and irregular, a number of whit. firm slightly elevated patches. Descending aorta full of bld. present only a few fatty patches.

Lungs — Left crepitant throughout, empty. the somewhat congested post. Right crepitant ant. & upper part. at Post. portion it is firm heavy, airless, surface of section has a peculiar translucency & is dotted with a quantity of clear serum, at lower part the bronchial tubes are a good deal dilated & filled with a milky opaque fluid, & contain a quantity of mucous membrane is somewhat congested. Bronchial glands pigmented but not enlarged.

Spleen irregular in shape, pits & indents at anterior border, one deep fissure extends the greater way round the organ. Lower part of capsule. Kidneys — Rt. somewhat reduced in size, capsule adherent surface very rough and granular, Granules distinct and prominent, cysts on surface, 1/10 Sm. On section — substance coarse, cortical part good deal diminished in places, Pyramids slightly injected at bases sm. arteries moderately prominent. Renal arteries stiff

Triuspid adults one perf (6 inches)
Length of right auricle from pulmonary ring
10½ Centimetres. Length of left auricle 8½ centimetres.
Thickness of wall of left ventricle 18 m.m.
Right ventricle m.m.

Left Kidney weight 110 grammes. surface granular
general appearance same as Right
Liver slightly reduced in size a groove extends
in anterior posterior direction over the right lobe. Smooth
and cicatricial on section substance remarkably healthy
looking no apparent increase of connective tissue some
of the vessels more distinct than usual. weighs 1330 grms.
Stomach contain about ½ pt of dirty yellowish brown
fluid Mucous Membrane. thrown endways end. thicker
towards pylorus on anterior wall 2½ mm pylorus there
is a large polypoid tumour size of small apple. The surface
is pitted dimly lumpy with three irregular portions,
except in neighbourhood of these present is smooth and
appears coated with mucous membrane. The mass is attached
to wall by tolerably broad base. ½ inch near pylorus is small
nodule size of cherry and 1 inch from pylorus ring are
two or three small projections of mucous membrane. The
mucosa is thick the medullary of the stomach in entire
pyloric zone is ~~indurated~~ hypertrophied.
Intestines. contain bile stained mucous yellowish
at upper part pancreas below nothing abnormal.